815-2M-642-693

[redacted] PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH 104201

County of Twin Falls
City of Kimberly,
No. ____ St.
Hospital home
Registration District No. 36
Primary Registration District No. ____
File No. ____
Registered No. 34

FULL NAME OF CHILD Magnum Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	July 11 1922

What bactericidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Earl Maroni Hansen	FULL MAIDEN NAME	Elmina Wilson
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	laborer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

(Signature) Jn Davis
physician (Physician or midwife)
Address Kimberly, Idaho
Filed July 20, 1922 Jn Davis Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
BUREAU
STA

SEP - 1922

.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Kimberly; Street; County Twin Falls

File Number 104201

Registration Dist. No.

Date of Birth July 11 1922

Sex of Child Female

Father Earl Moroni Hansen (Full Name)

Mother Elmina Wilson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mignon Hansen
Child's Name in Full

Mrs. E. M. Hansen
Signature of Father or Mother

MAR 1 3 1974

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

331-113-042-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 17 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104202

County of Twin Falls
City of Twin Falls
No. 262 Fifth Ave N. St.
Hospital home
Registration District No. 36
Primary Registration District No.
File No. 33-
Registered No.

FULL NAME OF CHILD William Lawrence Claiborn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	July 13, 1922

What bactericidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 2 — Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Anderson Dewey Claiborn	FULL MAIDEN NAME	Emily Mullens Wall
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	N.Car.
OCCUPATION	farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed July 20, 1922 Dr. W Davis
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9 1942

APR 21 1945

NOV 21 1973

141-215-042-468

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh

No. ..... St. Registration District No. 36 File No. 104203

Hospital home Primary Registration District No. ..... Registered No. 36

FULL NAME OF CHILD Dalois Adamson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	July 15, 2

What bacteriecidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	William J. Adamson, Jr.	FULL MAIDEN NAME	Robina Moyes
RESIDENCE	Murtaugh, Idaho	RESIDENCE	Murtaugh Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) J. W. Adamson

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed July 25, 1922 J. W. Darnes Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATIS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Murtaugh

Street: .....

County: Twin Falls

File Number: 104203

Registration Dist. No.: 8

Date of Birth: July 15th 1922

Sex of Child: Female

Father: William Arthur Adamson Jr (Full Name)

Mother: Robina Moyes (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Daloris Adamson (Child's Name in Full)

Mrs. Wm. A. Adamson Jr (Signature of Father or Mother)

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

S-45-126-042-349

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 17 [illegible] BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly,

No. _____ St.

Registration District No. 36 File No. 104204

Hospital home Primary Registration District No. _____ Registered No. 37

FULL NAME OF CHILD William Junior Emerson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	July 26, 1922

What bacterieidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ernest William Emerson	FULL MAIDEN NAME	Nettie Marie Turner
RESIDENCE	Kimberly, Ida	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 30, 1922 J. M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

552-221-0612-354

RECEIVED SEP 21 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hollister, Id.

Registration District No. 37

File No. 104206

No. R.F.D. St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD Stella Lee Vest

Sex of Child Female

Twin Triplet or other? and Number in order of birth 4th (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July 21 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. C. Vest	FULL MAIDEN NAME	Lulu Leditta
RESIDENCE	Hollister Idaho	RESIDENCE	Hollister Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ruchine, Mo.	BIRTHPLACE	Clear Springs,
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth Four

Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J R Morgan

(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Ida

19

Filed Sept. 1-22

John F. Coughlin
Registrar

Registrar

S-Y-CO 38071

AUG 19 1942

796-207-042-296

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

SEP 1 1922

City of Kimberly

Registration District No. 37

File No. 104207

No. ..... St.

Primary Registration District No. 2085

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	~~Twin~~ ~~Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth
FEMALE	(To be answered only in event of plural births)	5	YES	July 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry C Givens	FULL MAIDEN NAME	Rachel Ama Brown
RESIDENCE	Kimberly	RESIDENCE	Kimberly Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Allamont Tennessee	BIRTHPLACE	Burkhalter Spgs Tennessee
OCCUPATION	Farmwife	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 7-7-22 at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J R Morgan

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Twin Falls, Ida

Filed Sept. 1-22

John F. Coughlin
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

GIVENS

DECEASED

Dup of 22-233402

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314.124.042-234

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Filer, Ida.

Registration District No. 35

File No. 104208

No. R.F.D. St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD Marshall Ray Cammack

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy			6	yes	7-24-1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl	FULL MAIDEN NAME	Myrtle Sturgeon
RESIDENCE	Filer Ida.	RESIDENCE	Filer
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa Farmer	BIRTHPLACE	State of Washington
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 7-24-22, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J R Morgan

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Registrar

Address

Filed Sept. 1-22 John F. Coughlin
Registrar

S-Y-CO 38071

JAN 5 1960

2 Father
SIBLINGS 1912, 14, 16, 19 and 1926

133-110-042-853

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. St.

Registration District No. 37 File No. 104209

Hospital

Primary Registration District No. W 2085 Registered No.

FULL NAME OF CHILD Kestler - Ray Allen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 10 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Bert Kestler	FULL MAIDEN NAME	Flamine Helan
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Neb	BIRTHPLACE	Colo.
OCCUPATION	farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 69 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Jenchek
Physician
(Physician or midwife)

Address Twin Falls, Idaho.

Filed Sept. 1-22 192 John F. Loughlin
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/10/41 L. B.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls, Ida.

Place of Birth — ~~Street~~: R. F. D. 3.

Place of Birth — County: Twin Falls

File Number: 104209

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Aug. 10, 1922.

Father: Bert M. Kestler (Full Name)

Mother: Flavine L. Helm (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ray Allen Kestler. (Child's Name in Full)

Mrs. Bert M. Kestler (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

791-112-042-791

PLACE OF BIRTH

County of Twin Falls

City of

No. ..... Street

Hospital

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104210

Registration District No. 37 File No.

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Graiff.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				Yes	July 12 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Arygol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Germano Graiff.	FULL MAIDEN NAME	Carlota Graiff,
RESIDENCE	Berger, Idaho.	RESIDENCE	Berger, Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	white. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Austria.	BIRTHPLACE	Austria.
OCCUPATION	farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Clouchet
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Twin Falls, Idaho

Filed Sept. 1-22 1922 John T. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 22-349468

319-125-042-268

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. St. Registration District No. 37 File No. 104211

Hospital Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Jesse Mack Carlberg
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	July 25 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	H E Carlberg	FULL MAIDEN NAME	Belah Boyd
RESIDENCE	Filer RFD	RESIDENCE	Filer R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ill	BIRTHPLACE	Tenn
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Clouchek
Physician
(Physician or midwife)

Address Twin Falls, Idaho.

Filed Sept. 1-22 192 John F. Loughlin
Registrar.

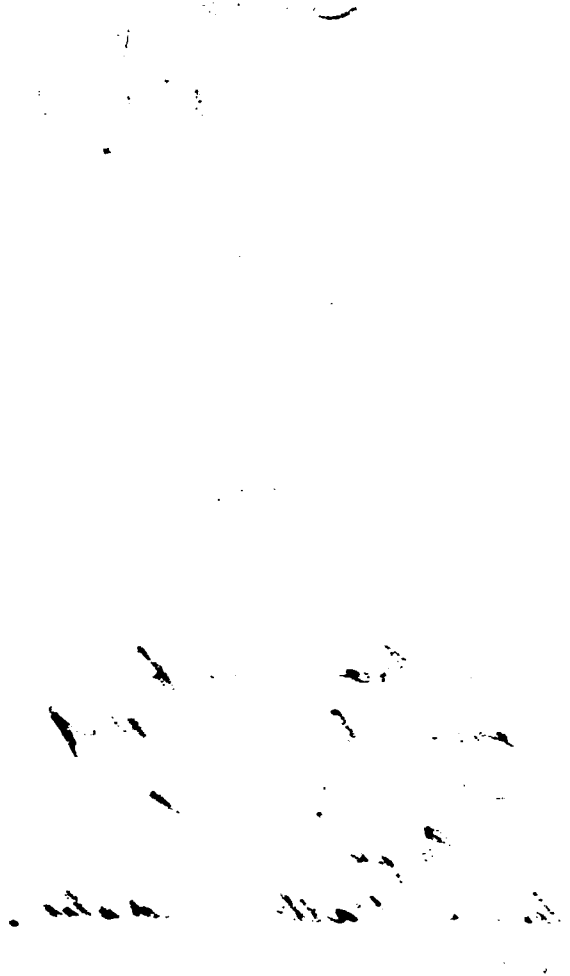
Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



281-206-042-381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

County of Twin Falls

City of

No. St.

Hospital

Registration District No. 37 File No. 104212

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Shatto.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Aug 6 1922

What bactericidal solution was used in eyes? Argyrol 10%.

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Clarence Charles Shatto	FULL MAIDEN NAME	Clara May Chase
RESIDENCE	T.F. R.F.D.	RESIDENCE	T.F. R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Kans	BIRTHPLACE	Kans.
OCCUPATION	farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
Physician.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Twin Falls, Idaho.

Filed Sept. 1-22 192.. John F. Loughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-110-042-154

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

~~City of~~

No. — St.

Registration District No. 37 File No. 104213

Hospital —

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Homer Hobert Butler II
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	8-10-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Homer Hobert Butler	FULL MAIDEN NAME	Hettie Anderson
RESIDENCE	Kimberley	RESIDENCE	Kimberley
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hswfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E K Van Cott
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Twin Falls

Filed Sept. 1-22 1922 John T Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-211-642-243

PLACE OF BIRTH

Amended 8-10-77

RECEIVED SEP 1 1982 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104214

County of Twin Falls

City of ———

No. ——— St.

Registration District No. 37

File No.

Hospital ———

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Kathryn Mae Homan

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fe		Yes	8-11-192-

What bactericidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Bernard Mark Homan	FULL MAIDEN NAME	Emma May Butler
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	WT	COLOR	WT
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elkan Cott M.D.

(Physician or midwife)

Address Twin Falls

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Sept. 1-1982 John F. Kemp

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 4 9 38 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Montana } ss.
County of Ravalli }

Certificate No. 104214

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Catherine May Homan (Name on Original Certificate) who was born (Was Born or Died) on August 11, 1922 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by High school Diploma (Bible Record, Insurance Policy, Etc.) prepared on May 16 1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Catherine May Homan	Kathryn ~~May~~ Homan
		Mae

Subscribed and sworn to before me this 1st day of August, 19 77

Notary Public, residing at Forsyth

My commission expires 12-19-79

(Seal)

Signed Roberta Homan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

209 N 11th Ave Forsyth Mont
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Correction corresp. 7-26-77 nm

Certificate of birth for child gives mother's name spelled Kathryn Mae Homan. child born April 12, 1947 in Gooding, Idaho. Certificate # 435717
Viewed by V.S.

High School Diploma issued by the Jerome County High School gives name as Kathryn Mae Homan. Graduated May 16, 1940, Harold B. Roberts, Principal.
Viewed by V.S.

395-217042-843

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP — 1 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Hollister

Registration District No. 37 File No. 104215

No. ____ St.

Primary Registration District No. 2085 Registered No. ____

Hospital ____

FULL NAME OF CHILD Norma Anna Belle Treleaven

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth (Month) Aug. (Day) 17. (Year) 1922

FATHER

FULL NAME Robert Treleaven

RESIDENCE Hollister, Idaho

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Plymouth, Ind.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Eula M. Hull

RESIDENCE Hollister, Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Fairport, Missouri

OCCUPATION Nursing

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? Sil Nitrate 20%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Passer, M.D.

(Physician or midwife)

Address Twin Falls, Id.

Given names added from a supplemental report. ____ 19____

Filed Sept. 1-22 19 John F. Loughlin Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued Nov. 8, 1940. E.W.

APR 17 1956

253-125-042-443

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Shoshone Falls

No. — St. Registration District No. 37 File No. 104216

Hospital Res. Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Lewis Bartley Kelly
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	yes.	July 25 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argerol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	E. P. Kelly.	FULL MAIDEN NAME	B. E. Decker.
RESIDENCE	(Shoshone Falls) Ida	RESIDENCE	(Shoshone Falls) Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Nebraska.
OCCUPATION	Electrician	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:00 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C. M. Emery
Physician & Surg
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Twin Falls, Ida

Filed Sept. 1-22 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 14 1956

815-130-042-614

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. R.R. #2 St.

Hospital

Registration District No. 37 File No. 104217

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Robert Alton Hanes
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	8-30-1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Herbert H Hanes	FULL MAIDEN NAME	Elsie Waddell
RESIDENCE	Twin Falls R#11	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Missouri	BIRTHPLACE	N.C.
OCCUPATION	Farmer	OCCUPATION	Housf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.55a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician (Physician or midwife)

Address Twin Falls, Ida

Filed Sept 1-22 1922 John F Loughlin Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

EVERAL REASONS WHY A CERTIFICATE OF
E

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls — Street: ..... — County: Twin Falls

File Number: 104217

Registration Dist. No. .....

Date of Birth: Aug. 30 24 1922.

Sex of Child: Male

Father: Herbert H. Hanes (Full Name)

Mother: Elsie Waddell (Ha) (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Alton Hanes
Child's Name in Full

Elsie Waddell Hanes
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.
It establishes legally the date of the child's birth, parentage
itimacy.

It enables the Public Health Nurse to make sure the child has
otected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
0. Just at this time while many of the Ex-Service men are com-
to furnish certified copies of certificates of birth, it is im-
that the certificates be filed with the BUREAU OF VITAL STATIS-
d the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

792-110-042-155

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls P. O. Registration District No. 37 File No. 104218

No. R.F.D. [redacted]

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Dewey Jr. Gibbs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	June 10, 1922

FATHER	MOTHER
FULL NAME Dewey H. Gibbs	FULL MAIDEN NAME Mabel Jensen
RESIDENCE Twin Falls, Idaho.	RESIDENCE Twin Falls, Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Idaho.
OCCUPATION Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) on the date above stated. at 1.15 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J R Morgan

(Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 1-22

John F. Meaughlin Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, in order of birth stated, and the number of each, in order of birth stated.

City of Twin Falls — Registration District No. 37 — File No. 104219

No. ____ St.

Primary Registration District No. 1085 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Walter Bruce Peterman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male				yes	8	9	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James G. Peterman	Hazel Probst
RESIDENCE	Twin Falls, Ida.	Twin Falls, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	31
BIRTHPLACE	Iowa	Baker, Oregon
OCCUPATION	printer	housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at [illegible] M. on the date above stated.

(Signature) B H Rouse, MD.

(Physician or midwife)

Address 153 Third Ave. Twin Falls Idaho

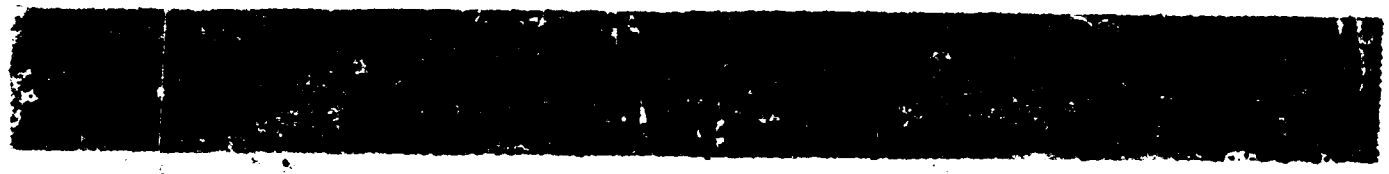
Filed Sept 1-22 19__ — John D Loughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19__

Registrar



368-216-042-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 104220

No. _____ St.

Primary Registration District No. 1085

Registered No. _____

Hospital _____

FULL NAME OF CHILD Vera Irene Lohr

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			1	Yes	May 16, 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dewey Markwood Lohr	FULL MAIDEN NAME	Gwendola Rice
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	North Dakota	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J R Morgan

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Twin Falls, Ida

Filed Sept. 1-22

John F. Coughlin
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-106-042-367

PLACE OF BIRTH

RECEIVED
SEP 1 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls, Ida. Registration District No. 37 File No. 104221

No. ____ St. Primary Registration District No. 1085 Registered No. ____

Hospital ____

FULL NAME OF CHILD Charles Jordon Large

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	July 6 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Jordon Large	Zema Cox
RESIDENCE	Twin Falls, Idaho	Twin Falls, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	24 (Years)	21 (Years)
BIRTHPLACE	Logan, Utah	Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 P. M. on the date above stated.

(Signature) Dr. J. R. Morgan

(Physician or midwife)

Address Twin Falls, Ida

Filed Sept. 1-22 John F. Coughlin Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

104

FEB 25 1959

814-224-042-813

RECEIVED
SEP 1 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls, Id.

Registration District No. 37

File No. 104222

No. _____ St.

Primary Registration District No. 1085

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child: Girl	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth: 5 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: 7-24-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert L. Hammond	FULL MAIDEN NAME	Ethel M. Halliday
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 7-24-22 (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J R Morgan

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Twin Falls, Ida

Filed Sept. 1-22 19__

John F. Coughlin
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

968-218-
042-842

Form V. S. No. 11-C

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

County of Twin Falls,

City of Twin Falls, Ida.

Registration District No. 37

File No. 104223

No. _____ St.

Primary Registration District No. 1085

Registered No. _____

Hospital _____

FULL NAME OF CHILD Edna Margaretta Rohkar

Sex of Child	~~Twin~~ ~~Triplet~~ or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female		3	Yes	July 18th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. W. Rohkar	FULL MAIDEN NAME	Minnie ~~Rohkar~~ HUBER
RESIDENCE	Twin Falls, Idaho.	RESIDENCE	Twin Falls, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Fort Madison, Ia.	BIRTHPLACE	Salt Lake, Utah.
OCCUPATION	Laundry.	OCCUPATION	Housewife.

Number of child of this mother, including present birth Three

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 7-18-22 at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. R. Morgan
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Twin Falls, Ida.

Filed Sept. 1-22 19__

John W. Fleughein
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]

DEPARTMENT OF PUBLIC WELFARE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: 611 - 3rd ave. West

County: Twin Falls

File Number: 104223

Registration Dist. No.:

Date of Birth: July 18, 1922

Sex of Child: Female

Father: Edward William Rothrock (Full Name)

Mother: Minnie Lucile Huber (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Edna Margaretta Rothrock (Child's Name in Full)

Mrs E. W. Rothrock (Signature of Father or Mother)

FEB 19 1943 - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

7[illegible]108-042-[illegible]

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 652 2nd Ave. St. Registration District No. 37 File No. 104224

Hospital Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Gordon Arthur Peters
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	July 8 1922

What bactericidal solution was used in eyes? argyrol 10 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Arthur M. Peters	FULL MAIDEN NAME	Bertha Morford
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wisconsin	BIRTHPLACE	Pennsylvania
OCCUPATION	City Fire Dept.	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 PM M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Twin Falls Idaho

Filed Sept. 1-22 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 104224
County of Twin Falls } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Gordon Arthur Peters (Name on Original Certificate) who was born (Was Born or Died) on July 8, 1922 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Oct. 31, 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	William Peters	Gordon Arthur Peters

Subscribed and sworn to before me this 6th day of February, 1947
Graydon W. Smith
Notary Public, residing at Twin Falls, Idaho
My commission expires Jan 28, 1950
(Seal)

Signed A. M. Peters
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of February, 1947
Graydon W. Smith
Notary Public, residing at Twin Falls, Idaho
My commission expires Jan 28, 1950
(Seal)

Signed Bertha F. Peters
(Signature of Any Credible Person)
P.O. BOX 165 TWIN FALLS IDA
(Street Address, City, State)

FEB 10 1947

State of Idaho)
County of Twin Falls) ss.

A. M. Peters, having first been duly sworn deposes and says: That he is the father of male child born to his wife, Bertha F. Peters, at Twin Falls, County of Twin Falls and State of Idaho, on the 8th day of July, 1922; that by inadvertance and mistake, the birth certificate evidencing the said birth shows that the childs name was that of William Peters; that in truth and fact the childs was and is Gordon Arthur Peters; That there is filed herewith a duplicate certificate with the childs correct name inserted to be filed in connection with the original certificate of birth;

A M Peters

Subscribed and sworn to before me this the 14 day of May, 1931.

Frank S. Bell
Notary Public for the State of Idaho
Residin at Twin Falls, Idaho.

691-146.042-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 1 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls
City of Twin Falls Ida
No. ____ St.
Hospital County

Registration District No. 37
Primary Registration District No. 1085

File No. 104225
Registered No. ____

FULL NAME OF CHILD Arnold Frances Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 16 1922

What bacterieidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Arnold Frances Askund	FULL MAIDEN NAME	Edna Beel Blodgett
RESIDENCE	543 4 Ave N. Twin Falls Ida	RESIDENCE	543 4 Ave N. Twin Falls Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Longpine, Nebraska
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 45/8 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Loughlin
(Physician or midwife)

Address Twin Falls Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 1-1922

John F. Loughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-221-042-846

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104226

County of Twin Falls

City of Twin Falls

No. 2nd Ave. N. Registration District No. 37 File No.

Hospital Residence Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD No name (infant) Richardson.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	—	Yes.	Aug. 21 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argerol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	W Richardson.	FULL MAIDEN NAME	Edith Huff.
RESIDENCE	2nd Ave N.	RESIDENCE	2nd Ave N.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Elmer.

Phys.
(Physician or midwife)

Address Twin Falls Ida.

Filed Sept. 1-22 1922 John F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1971

538-115-042-496

PLACE OF BIRTH

Father's & Mother's names amended 12-14-92

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO MCM

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 3d St South Registration District No. 37 File No. 104227

Hospital Pacific Hotel Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD No name (infant) Echevarria

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	—	Yes	Aug 15 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argerol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER		MOTHER
FULL NAME	HILARIO MALAXECHEVARRIA	FULL MAIDEN NAME	JUANA URRIOLABEITIA
RESIDENCE	Pacific Hotel Twin Falls	RESIDENCE	Pacific Hotel 3d St. South
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepherder	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C A Emer

Phy.

(Physician or midwife)

Address Twin Falls, Ida.

Filed Sept 1 1922 John F. Loughlin

Registrar.

Give names added from a supplemental report.

..... 19....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SH
FILED FOR EACH CHILD AND THE SAME COMPLETED

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number ..... 104227 .....

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth ..... 192....

Father ..... Mother .....
Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
DEC 14 1992
COOPERATIVE CENTER FOR HEALTH STATISTICS
VITAL STATISTICS - HEALTH STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 104227
County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Echevara (Name on Original Certificate) who born (Was Born or Died) on Aug. 15, 1922 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
~~Child's Name~~	~~Unnamed Echevara~~	
Father's Name	Frank Echevara	Hilario Malaxechevarria
Mother's Name	Juenita Urola	Juana Urriolabeitia

Subscribed and sworn to before me this 14 day of Dec 1992

Melanie Chetzger
Notary Public, residing at Boise, ID
My commission expires 2-22-95
(Seal)

Signed Frank L. Berria
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7498 Kuna Rd. Nampa, Ida. 83686
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

Catholic baptism certificate shows Franciso Malaxechevarria born Aug 15, 1922 to Hilarrio Malaxechevarria and Juana Urriolabeitia and baptized Feb 2, 1923 in St Edward's Church in Twin Falls, ID by Bernardo Arregui. Viewed by VS MCM.

ID marriage certificate shows Hilario Malaxechevarria and Juana Urriolabeitia were married Dec 3, 1921 in Twin Falls by Bernardo Arregui. Viewed by VS MCM.

DEC 1992

212-211-042-891

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Twin Falls

No. 214-2nd St. East Registration District No. 37 File No. 104228

Hospital Residence Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Filamona Sabala.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes.	Aug 11 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argerol X %

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Frank Sabala	FULL MAIDEN NAME	Florentina Yrasabal.
RESIDENCE	214-2nd St. South	RESIDENCE	214-2nd St South.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Spain	BIRTHPLACE	Spain.
OCCUPATION	Prop. Rooming House	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:00 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C A Emer.

Phy.
(Physician or midwife)

Address Twin Falls Ida.

Filed Sept. 1 1922 John F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1968

367420-042-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Ida

No. ..... St.

Hospital County General

Registration District No. 37 File No. 104229

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Robt John Logan
(Certificate of no value without full name of child.)

Sex of Child	~~Twin, Triplet~~ or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	1 (To be answered only in event of plural births)	yes	Aug 20 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Robert Logan	FULL MAIDEN NAME	Marie Roberts
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Pittburg Penn.	BIRTHPLACE	Fairfield Nebraska
OCCUPATION	Merchant	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 11 30/a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J R Morgan
(Physician ~~or midwife~~)

Address Twin Falls, Ida

Filed Sept. 1 1922 John F. Houghton
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECLASED

383-208-042-692

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Ida.

No. ..... St.

Registration District No. 37 File No. 104230

Hospital County General Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Lark Tyler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes.	Aug. 8 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fred A. Tyler	FULL MAIDEN NAME	Mary Pearl Fisher
RESIDENCE	Filer Ida.	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Illinois
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 00 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Dwight M.D.
(Physician or midwife)

Address Filer, Ida.

Filed Sept. 1 1922 John F. Cowgill
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-21-042-819

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Ida

No. ____ St. ____ Registration District No. 37 File No. 104231

Hospital Crumley Primary Registration District No. 1085 Registered No. ____

FULL NAME OF CHILD Theodore L. Jo

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			yes	Aug	21	1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	J. L. Tanner	FULL MAIDEN NAME	Leona N. Harman
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	N. York	BIRTHPLACE	Kingfisher Okla.
OCCUPATION	Moving Picture Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 00 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Burgher M.D.

(Physician or midwife)

Address Filer Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 1 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236X24-042-364

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Ida

No. ..... St.

Registration District No. 37 File No. 104232

Hospital County General Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Robert Roy Scott

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Aug 24 1922

What bacteriocidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Roy M. Scott	FULL MAIDEN NAME Anna Loula
RESIDENCE Kimberley Ida R.R.2	RESIDENCE Kimberley Ida R.R.2
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Ponca Nebraska	BIRTHPLACE Montgomery Minn
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7.30 A. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. Pearson

(Physician or ~~midwife~~)

Address Twin Falls

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 1 1922 John F. Loughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 6 1973

364-125-042-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Twin Falls Ida

No. ..... District No. 37 File No. 104233

Hospital County Gen. Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Irvin Charles Comegys
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	(To be answered only in event of plural births)	yes	Aug 25 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 0

FATHER		MOTHER	
FULL NAME	William L. Comegys	FULL MAIDEN NAME	Sherma Williams
RESIDENCE	Filer Ida.	RESIDENCE	Filer Ida.
COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	DeMoins Iowa.	BIRTHPLACE	Dakin Nebraska
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4.00 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Filer Ida

Filed Sept 1 1922 John F. Dougherty
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 1951

213-220-042-819

PLACE OF BIRTH

[redacted] rm V. S. No. 11-C—25m-9-8-15

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 104234

No. 115 a Addison AVE E. Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Mary Frances Bates

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Aug 20 1922

FATHER	MOTHER
FULL NAME: Fred P. Bates	FULL MAIDEN NAME: Ruth H. Hazard.
RESIDENCE: Hollister Idaho	RESIDENCE: Hollister Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Chicago Ill.	BIRTHPLACE: Clinton. Iowa.
OCCUPATION: Canal Co. Sup't.	OCCUPATION: Housewife

Number of child of this mother, including present birth: two

Number of children of this mother now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:20 A. M. on the date above stated.

(Signature) Frank A. Dwight M.D.

(Physician or midwife)

Address Hailey, Ida.

Filed Sept. 1-22 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

135-719-042-963

PLACE OF BIRTH

RECEIVED SEP 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104235

County of Twin Falls

City of Filer

No. ..... St.

Registration District No. 38 File No. .....

Hospital ..... Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Aaron Frederick Alvey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes.	Aug 19 1922

What bactericidal solution was used in eyes? Agnos 1%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Wm Alvey	FULL MAIDEN NAME	Bertha Roth
RESIDENCE	Filer Ida	RESIDENCE	Filer
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hurfs

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Newberry
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Address .....

Filed Aug 19 1922 Aaron
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-117-042-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 2 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Filer

No. ..... St. ..... District No. 38

File No. 104236

Hospital ..... Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD (WAYNE LELAND AMAN)

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Boy		Yes	Aug 17 1922

What bactericidal solution was used in eyes? Argyrol 1%.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leslie Aman	FULL MAIDEN NAME	Bertha Maney
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Nebr.	BIRTHPLACE	Okla
OCCUPATION	School	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

2a

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Newberry

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 17 1922 .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-210-042-455

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 2 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St... District No. 38 File No. 104237

Hospital ..... Primary Registration District No. 2086 Registered No. ....

FULL NAME OF CHILD Helen Maxine Marsh
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes.	Aug 10 192 2

What bactericidal solution was used in eyes? Argo 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J. F. Marsh	FULL MAIDEN NAME	Leora DeVore
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kas	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Newberry
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Aug 10 192 2 A. A. W. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SECRET

Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Filer, Idaho.

Street: .....

County: Twin Falls

File Number: 104237

Registration Dist. No.: .....

Date of Birth: August 10 1922

Sex of Child: Female

Father: Jasper Taylor Marsh (Full Name)

Mother: Leona Denall (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Helen Maxine Marsh
Child's Name in Full

Jasper Taylor Marsh
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366 [redacted] -253

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Registration District No. 86

File No. .....

Hospital .....

Primary Registration District No. 1010

Registered No. 104238

FULL NAME OF CHILD Phyllis Shirley Lowe

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	7 – 1 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Lowe	FULL MAIDEN NAME	Frances Bullock
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	England	BIRTHPLACE	Ore
OCCUPATION	Contractor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female **at** 10:30 **M.** **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. R. Hamilton M D

(Physician or midwife)

Address Weiser, Idaho

Filed 8/2 1922 H. R. Hamilton M.D.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Registrar.

SEVERAL REASONS

E FILED FOR EACH CHILD

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Weiser, Ida.

Street: 952 W. 5th St

County: Washington

File Number: 104238

Registration Dist. No.:

Sex of Child: ~~Male~~ Female

Date of Birth: July 1st 1922.

Father: John Lowe
Full Name

Mother: Frances May Beckner
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Phyllis Shirley Lowe
Child's Name in Full

Frances B. Lowe
Signature of Father or Mother

Birth registration is part of every child's birthright.

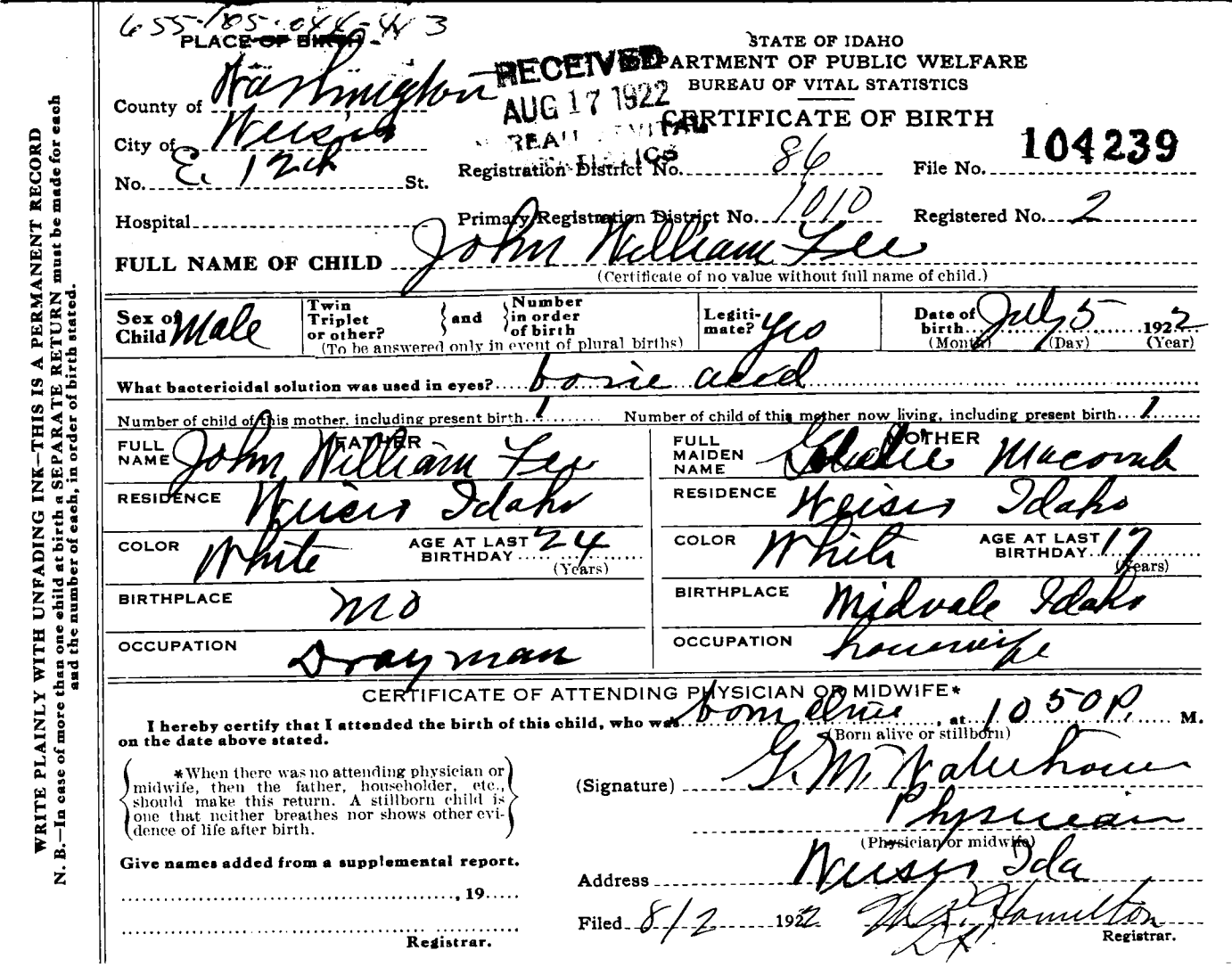
It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.



655-185-046-43

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. E. 124 St.

Registration District No. 86

File No. 104239

Hospital

Primary Registration District No. 1010

Registered No. 2

FULL NAME OF CHILD John William Lee
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	July 5 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John William Lee	FULL MAIDEN NAME	Gladie Macomb
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Mo	BIRTHPLACE	Midvale Idaho
OCCUPATION	Drayman	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Weiser Ida

Filed 8/2 1922 W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393-205-044-215

PLACE OF BIRTH

RECEIVED AUG 17 [illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104240

County of Washington

City of Weiser

No. 1249 N. 2nd St.

Registration District No. 86 File No.

Hospital Primary Registration District No. 1049 Registered No. 3

FULL NAME OF CHILD Georganna Mile Gilford
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
female			yes	July 5 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth, if living: Number of child of this mother now living, including present birth:

	FATHER	MOTHER
FULL NAME	Elmer R Gilford	FULL MAIDEN NAME Leah Danford
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	17
BIRTHPLACE	Weiser Idaho	Blackfoot Idaho
OCCUPATION	Creamery Operator	housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician
(Physician or midwife)

Address Weiser Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 8/2 1922 [illegible] Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-113-044-281

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Washington

City of Weiser

No. 74 N. Commercial St. Registration District No. 56 File No. 104241

Hospital Primary Registration District No. 1010 Registered No. 4

FULL NAME OF CHILD Ben Lee (Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 12 1922

What bacterioidal solution was used in eyes? Silver Nitrate 1%.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Thomas Lee.	FULL MAIDEN NAME	Alice Shaw.
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Boise Ida.	COLOR	White
OCCUPATION	Farmer.	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Council Ida
		OCCUPATION	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5. A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.
(Physician or midwife)

Address Weiser - Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 8/2 1922 W. R. Hamilton M.D.
Registrar.

RAL REASONS WHY A CERTIFICATE OF
THE CHILD AND THE SAME COMPLETED

V65-125-044-553

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

RECEIVED AUG 1 BUREAU OF STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 104242

Primary Registration District No. 2112 Registered No. 5

FULL NAME OF CHILD Clyde Allen Monteith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	July 25 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	David Allen Monteith	FULL MAIDEN NAME	Monona Nelson
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Weiser Idaho	BIRTHPLACE	Marengo Iowa
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse
physician
(Physician or midwife)

Address Weiser Idaho

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed 8/2 1922 W. P. Hamilton Dr. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 11 1961

662-102-044-255

PLACE OF BIRTH

name added 4/25/84

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration No. 86 File No. 104243

Primary Registration District No. 1010 Registered No. 6

FULL NAME OF CHILD Glen Delbert Foster
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	8-2-1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Grover C. Foster	FULL MAIDEN NAME	Pearl Sevey
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ore	BIRTHPLACE	Ore
OCCUPATION	Kumpsman.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.
(Physician or midwife)

Address Weiser, Idaho

Filed 8/2 1922 W. R. Hamilton
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of ada } ss.

Certificate No. 104243
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Foster (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 2, 1922 (Date of Event)

in Weiser, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed	Glen Delbert Foster

Subscribed and sworn to before me this 25 day of April, 1925.

Notary Public, Teresa L. Cleverly
Residing at Boise, Idaho
My commission expires April 3, 1985
(Seal)

x Glen D. Foster
Signature of Applicant

x Box 456 Vale, Ore. 97918
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Oregon dirver's license #232890 expries Aug. 2, 1950 listes name as Glen Delbert Foster. born Aug. 2, 1922. dated Feb. 5, 1948. viewed by Tc

APR 25 1984

School report card from Ontario Public schools gives name as Glen Foster. obviously old. for the year 1932 according to school census. record. viewed by Tc.

715-106-044-297

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUR...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104244

County of Washington

City of Weiser

No. R. L. D. No 2. St.

Registration District No. 86 File No.

Hospital

Primary Registration District No. 2112. Registered No. 7

FULL NAME OF CHILD William Howard Panike
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 6 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John R. Panike	FULL MAIDEN NAME	Mellie Lipe
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30.
BIRTHPLACE	Montana.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10-15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. Hamilton M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Weiser Ida

Filed 8/8 1922 M. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Kuser

Street: Mans Creek

County: Washington

File Number: 104244

Registration Dist. No.: 18

Sex of Child: Male

Date of Birth: August [redacted] 192[illegible]

Father: J. R. Panike
Full Name

Mother: Nellie Sipe
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

William Howard Panike
Child's Name in Full

John Robert Panike
Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1148

964716.0

PLACE OF [redacted]

County of Wash[redacted]

City of Weis[redacted] 104245

No. 604 E[redacted]

Hospital _____ Primary Registration District No. 1010 Registered No. 91

FULL NAME OF CHILD Donald Madison Romph
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	#		1	Yes	6	16	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edward L. Romph	FULL MAIDEN NAME	Florence Foiles
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Colorado	BIRTHPLACE	Illinois
OCCUPATION	Baker	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10.45a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M. D.
(Physician or midwife)

Give names added from a supplemental report.

Address Weiser, Idaho

....., 19....

Filed 8/2 1922 [signature] Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

658-117.001-2

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED OCT 2 1922 VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 908 Krall St.

Hospital

Registration District No. 2 File No. 104246-B

Primary Registration District No. 1004 Registered No. 405

FULL NAME OF CHILD Robert Glenn Weybright.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes.	Sept 17 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Kenneth Weybright.	FULL MAIDEN NAME	Hazel Gladys Seaman
RESIDENCE	908 Krall St.	RESIDENCE	908 Krall St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26. (Years)	AGE AT LAST BIRTHDAY	20. (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho.
OCCUPATION	Machinest	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Boise Ida

Filed Sept 23 1922

R. H. Pratt
Registrar

Registrar

Credes solution used in eyes.

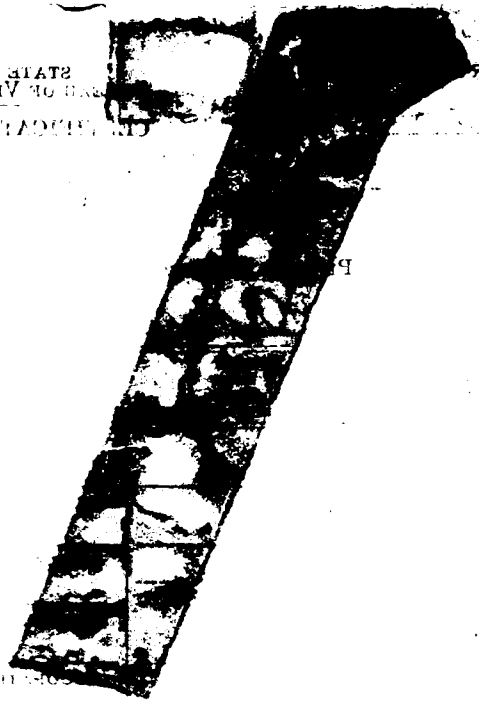
MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1942

JUL 1 1971



219-120-007-899

PLACE OF BIRTH

[redacted] OF IDAHO
[redacted] F PUBLIC WELFARE
VITAL STATISTICS

RECEIVED OCT [redacted] 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

10-247-a

County of Bannock
City of Pocatello
No. 2 miles N. town St.
Registration District No. 28 File No. 81
Hospital Howe Primary Registration District No. 2161 Registered No. 4554

FULL NAME OF CHILD Ken Kasukabe
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 20 1922

What bactericidal solution was used in eyes? Boracic Acid

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	G. Kasukabe	FULL MAIDEN NAME	Ineno Hiraka
RESIDENCE	2 miles N. of town	RESIDENCE	2 miles N. of town
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Address 419 So. 4th Ave.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 10/1 1922

J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SEP 27 1947
FEB 22 2019

552.110.004-257

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED OCT 2 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. [redacted]

File No. 104247-B

No. 624 S 14 St.

Primary Registration District No. 1004

Registered No. 404

Hospital

FULL NAME OF CHILD Donald Beach Nesbitt

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Sept 10 1922

	FATHER	MOTHER
FULL NAME	J W Nesbitt	FULL MAIDEN NAME Martha Ann Beach
RESIDENCE	624 S 14th St	624 S 14th St
COLOR	White	White
AGE AT LAST BIRTHDAY	39 (Years)	35 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.30 A. M. on the date above stated.

(Signature) John Boeck

(Physician ~~or midwife~~)

Address Boise Ida

Filed Sept 23 1922 R. N. Pratt Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 Registrar

credes Solution used in eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BI
FOR EACH CHILD AND THE SAME COMPLET

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 624 South 14

County:

File Number: 104247

Registration Dist. No.:

Date of Birth: Sept 10 192 2

Sex of Child: Male

Father: John William Nesbitt (Full Name)

Mother: Martha ann Beech (Nisbet) (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Donald Beech Nesbitt

Child's Name in Full

Martha Nesbitt

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

865-121-004-544

PLACE OF BIRTH

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. 104248

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 407

FULL NAME OF CHILD Douglas Bruce Hoffburg
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Aug. (Day) 21 (Year) 1922
Male		Yes	

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry Alfred Hoffburg	FULL MAIDEN NAME	Louise I. Edman
RESIDENCE	Boise, R.D. 2	RESIDENCE	Boise, R.D. 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Formalise at 6 50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
Physician
(Physician or midwife)

Address Overland Bldg. Boise

Filed Sept 14 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 12 1959

SAS 4

796-110-001-493

PLACE OF BIRTH

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 519 Washington

Registration District No. 2

File No. 104249

Hospital

Primary Registration District No. 1004

Registered No. 401

FULL NAME OF CHILD Darrel Dick Grooms
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of birth (Month) Sept. (Day) 10 (Year) 1922
Male		Yes	

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Guy M. Grooms	FULL MAIDEN NAME	Maybelle Dick
RESIDENCE	519 Washington	RESIDENCE	519 Washington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Nebraska	BIRTHPLACE	Pennsylvania
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was formalize, at 7:45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
physician
(Physician or midwife)

Address Overland Bldg. - Boise

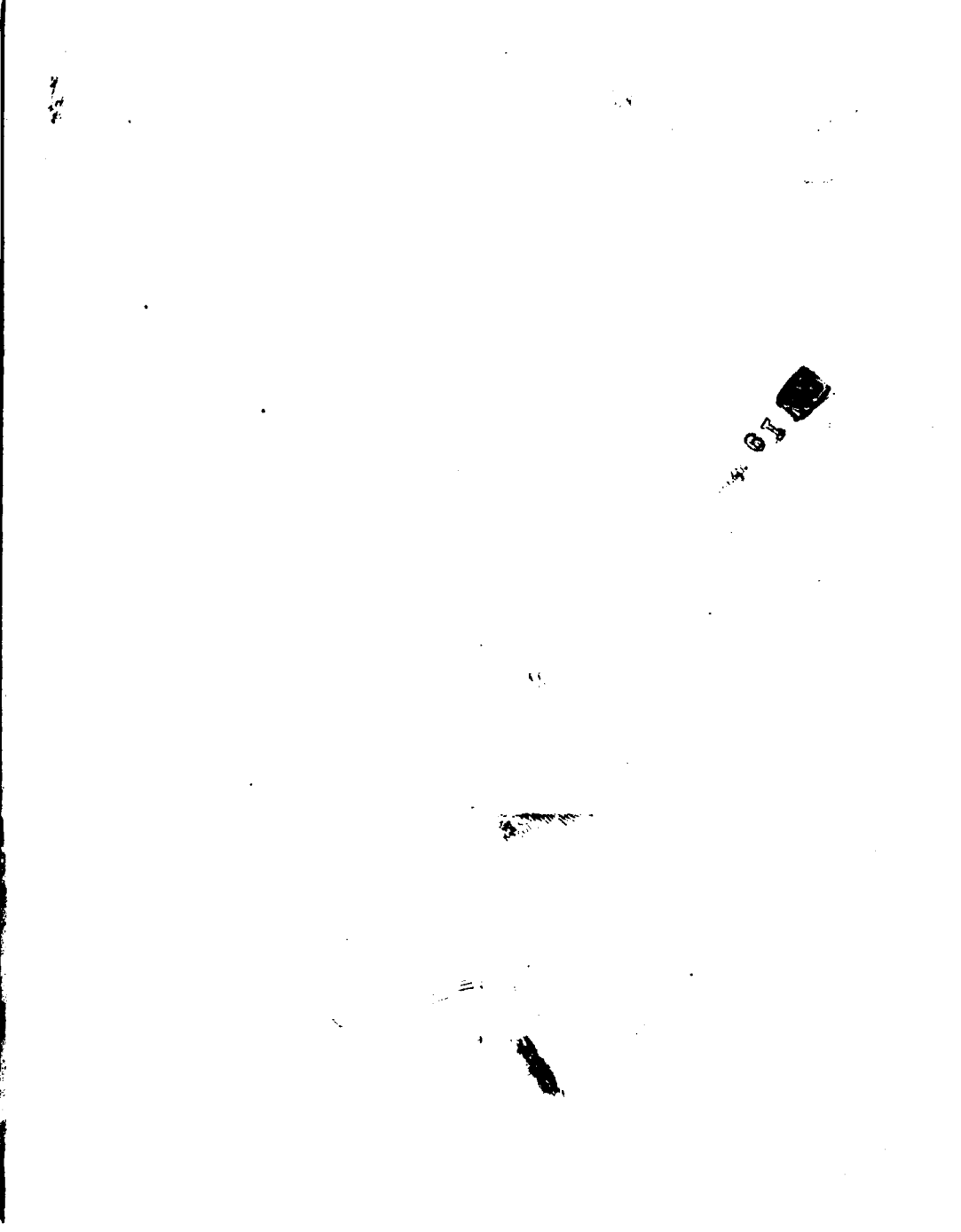
Filed Sept 14 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



699-131-001-165

PLACE OF BIRTH

DEP.

BUR.

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

CERTIFICA.

County of Ada

City of Boise

No. ..... St.

Registration District No. 2

F. 104250

Hospital St Lukes

Primary Registration District No. 1004

Registered No. 396

FULL NAME OF CHILD William Ellis Wright

(Certificate of no ~~value~~ without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Aug 31 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Ellis Wilson Wright	FULL MAIDEN NAME	Mary Louise Jones
RESIDENCE	Boise, Ida	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Illinois	BIRTHPLACE	Florida
OCCUPATION	Salesman, Lumber	OCCUPATION	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 50 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harold W Stone

M. D.

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 413 Overland Bldg.

Filed Sept 12 1922

R. H. Pratt

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 2 1945

386-102-001-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104251

County of Ada

City of Boise

No. 1617 N 24 St. Registration District No. 2 File No.

Hospital The S A Maternity Primary Registration District No. 1004 Registered No. 393

FULL NAME OF CHILD Janes Mitchell ~~Collins O'Neil~~ Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 2 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	A. L. Thompson ~~J. M. O'Neil~~	FULL MAIDEN NAME	Sannie Collins
RESIDENCE	Texas	RESIDENCE	1126 Grant St S Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	~~49~~ 53	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE		BIRTHPLACE	Greenwood Ark.
OCCUPATION	~~Labour~~ Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe C Ward
Physician
(Physician or midwife)

Address Boise Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed Sept 14 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 8 1964

1191-123-00-286

PLACE OF BIRTH

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104252

County of Ada

City of Boise

No. 1107 Grant St.

Registration District No. 2 File No.

Hospital —

Primary Registration District No. 1004 Registered No. 392

FULL NAME OF CHILD Neal Dakotas Drake
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Aug. 23 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	A. B. Drake	FULL MAIDEN NAME	Carrie A. Shoemaker
RESIDENCE	New Meadows, Idaho	RESIDENCE	New Meadows
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Montana	BIRTHPLACE	Ohio
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. W. Taylor M D
(Physician or midwife)

Address Boise, Idaho

Filed Sept 13 1922 R. H. Rail
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1951

432-226-001-266

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

Form ~~V. S. No.~~ 1-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104252 B

County of Ada

City of Boise

Registration District No. 8 File No.

No. Franklin School Dist.

Primary Registration District No. 2008 Registered No. 58

Hospital

FULL NAME OF CHILD EDNA DARLENE McSHANE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		YES.	Sept 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm B. McShane	FULL MAIDEN NAME	Grace H Swope
RESIDENCE	near Franklin School	RESIDENCE	near Franklin School
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Iowa
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 9 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouk

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Boise Ida

Filed Sept 29 1922 R. H. Pratt

Registrar

Registrar

Credit Solution used in eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 104252B

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Edna Darlene McShane

Subscribed and sworn to before me this .....

day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Mrs Hattie Grace McShane
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Umatilla }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19

day of Oct, 19 42

W B Savage

Notary Public, residing at Pendleton Oregon

My commission expires 2-12-1945
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

OCT 21 1942

712-166-00145-1

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 2 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

104253-A

County of Ada

City of Boise

No. 216 So 9 St.

Registration District No. 2 File No.

Hospital

Primary Registration District No. 1004 Registered No. 389

FULL NAME OF CHILD Jose Luis Gabica

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	9/6/192.2

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Dionisio Gabica	FULL MAIDEN NAME	Damasa Meabe
RESIDENCE	Ada County Idaho	RESIDENCE	Ada Co Id
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Tillmyer

Physician

(Physician or Midwife)

Address Boise Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Sept 11 1922 R.N. Stacy

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

Place of Birth
City Boise
Street 216 So. 9th St.
County Ada

File Number 104258

Registration Dist. No.

Sex of Child Male

Date of Birth Sept. 6 1922

Father Dionisio Gavica
Full Name

Mother Damasa Meave
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Jose Luis
Child's Name in Full

Dionisio Galeica
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

315-218-001-689 OCT 2 1922

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

104253B

CERTIFICATE OF BIRTH

~~104253~~

County of Ada

City of Barber

No. 39 — 3rd St.

Registration District No. 8 File No.

Hospital

Primary Registration District No. 2008 Registered No. 57

FULL NAME OF CHILD Ada Lant

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f		yes	Sept 16 1922

What bactericidal solution was used in eyes? None asked

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Walter Lant	FULL MAIDEN NAME	Viola Whitney
RESIDENCE	Barber	RESIDENCE	Barber
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Ill
OCCUPATION	Laborer	OCCUPATION	House work

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Parker

(Physician or midwife)

Address 203 McCarty Blvd Barber

Filed Sept 23 1922 R H Pratt

Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

994-131-001-795

PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Lukes

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 104254

Registration District No. 2

File No. _____

Primary Registration District No. 1004

Registered No. 386

Full Name of Child Glenn Richard Zimmerman

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	8-31-1922

FATHER

FULL NAME: Ed. Zimmerman

RESIDENCE: 825 E. Wash St, Boise Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Pennsylvania

OCCUPATION: Merchant

MOTHER

FULL MAIDEN NAME: Amelia Grenier

RESIDENCE: 825 Wash St. Boise Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Pennsylvania

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr. J. Carl Hill

Physician

(Physician or midwife)

Address Empire Bldg. Boise Ida

Filed Sept 11 1922 R N Rudd

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY CERTIFICATE OF
CHILD

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bone Ida

Street: 825 E. Washington St.

County: Ada

File Number: 104254

Registration Dist. No.: 1

Date of Birth: August 31 1922

Sex of Child: Male

Father: Edward Zimmerman (Full Name)

Mother: Amelia Greiner (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Glenn Richard Zimmerman
Child's Name in Full

Mrs E. Zimmerman
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

MAY 11 195

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

843-114-00-453

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104255

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. .....

Hospital St Alph. Primary Registration District No. 1004 Registered No. 385

FULL NAME OF CHILD Robert Riley. Hutton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Sept 14 1922

What bactericidal solution was used in eyes? ag No 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Riley Hutton	FULL MAIDEN NAME	Ruby. DeLapp
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Missouri.	BIRTHPLACE	Kansas
OCCUPATION	Laundry Driver	OCCUPATION	[illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Litus
(Physician or midwife)

Address Boise

Filed Sept 28 1922 R. N. Pratt.
Registrar

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864126 00789

RECEIVED
OCT 2 . 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

104256

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No.

No. 601 Sherman

Primary Registration District No. 1004 Registered No. 384

Hospital

FULL NAME OF CHILD Thomas Phillips Hodges

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes.	Sept 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos W. Hodges	FULL MAIDEN NAME	Alice M. Phillips
RESIDENCE	601 Sherman	RESIDENCE	601 Sherman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas
OCCUPATION	Motorman	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 2.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock
(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Boise Ida

Registrar

Filed Sept 29 1922 R. H. Pratt
Registrar

Credes solution used in eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Boise

684-127-006-2516

No. 805 [illegible] St.

OCT 2 1922

BUREAU OF VITAL STATISTICS

Registration District No. 2

File No. 104257

Primary Registration District No. 1004

Registered No. 382

Hospital

FULL NAME OF CHILD Bruce Edward White

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male		5	yes	Sept. 27, 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joe White	FULL MAIDEN NAME	Ola Snodgrass
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho Caldwell
OCCUPATION	Painter	OCCUPATION	

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas W Kingsbury Dr

404 Idaho Bldg

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Sept 28 1922

R. H. Pratt

Registrar

Registrar

S-Y CO., 16670

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH
...ED FOR EACH CHILD ... THE SAME COMPLETED WITH ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number 104257

Registration Dist. No. .....

Date of Birth .....192....

Sex of Child Male

Father .....
Full Name

Mother .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

JUN 23 1941

Certificate No. 104257
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for name not given (Name on original certificate) who was born (Was born or died) on September 27, 1922 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Cradle Roll (Bible record, insurance policy, etc.) prepared on October 1, 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	no name given	Bruce Edward White

Subscribed and sworn to before me this 20th day of June, 1941

Lena Kessel

Notary Public, residing at Ocean Park, Calif.

My commission expires March 27, 1944

[SEAL]

Signed Mrs Ola S. White
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

709 Amoroso Place, Venice, California
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

[SEAL]

Signed Mrs Ola S White
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

DEC 26 1944

986-120 001-389

PLACE OF BIRTH

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

104258

CERTIFICATE OF BIRTH

10429

County of Ada.

City of Boise

No. ..... St.

Registration District No. 2

File No. .....

Hospital .....

Primary Registration District No. 1004

Registered No. 381

FULL NAME OF CHILD Rhoads, Robert Lee
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		Yes	9/20/1922

What bactericidal solution was used in eyes? 2% Silver Nitrate

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Robert Lee Rhoads	FULL MAIDEN NAME	Dolean Ruth Christensen
RESIDENCE	1213 N 8.	RESIDENCE	1213 N. 8.
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Minn
OCCUPATION	School Proffessor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3459, M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger M.D.
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed Sept 21 1922 R. H. Pratt.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICA

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise, Ida.

Street: 1213 N-8th

County: Ada

File Number: 104258-B

Registration Dist. No.:

Date of Birth: Sept 20, 1922

Sex of Child: Male

Father: Robert Lee Rhoads (Full Name)

Mother: Dolcan Ruth Chri (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Lee Rhoads Jr (Child's Name in Full)

Dolcan C. Rhoads (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

419-116-001-793

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 1922 VITAL STATISTICS

CERTIFICATE OF BIRTH

104259

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. .....

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 378

FULL NAME OF CHILD Thodeus Marker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	Sept. 16th 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% sol. silver nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Wilford Marker	FULL MAIDEN NAME	Grace Gillum
RESIDENCE	#7 back of Reclamation Office	RESIDENCE	#7 back of Reclamation Office
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	Hwife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 10 50 A. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 317 Everland Bldg. Boise

Filed Sept 19 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 6 1965

859-117:001-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 509 So 14 St.

Hospital St Lukes

RECEIVED
OCT 2 1922

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

Primary Registration District No. 1004

File No. 104260

Registered No. 378

Full Name of Child Jack. Eugene. Herrick

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		1st	Yes	Sept 17 1922

FATHER

FULL NAME W. E Herrick

RESIDENCE Salt Lake.

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Idaho

OCCUPATION Salesman.

MOTHER

FULL MAIDEN NAME Ursula Ruga

RESIDENCE Salt Lake.

COLOR W. AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Nebraska

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 10.9 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Toomey

(Physician or midwife)

Given names added from a supplemental report

..... 19....

..... Registrar

Address .....

Filed Sept 18 1922 R. N Peak

Registrar

469-119-001-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104261

County of Ada

City of Boise

No. ..... St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD John Wallis Dorman
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 19 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Roy Ivan Dorman	FULL MAIDEN NAME	Annie Mable Stark
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Lucas, Kansas	BIRTHPLACE	Caldwell, Idaho
OCCUPATION	Trimmer at Pioneer Tent and Awning	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 5:00 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S W Torney

(Physician or midwife)

Give names added from a supplemental report.

....., 192...

Registrar.

Address .....

Filed Sept. 18 1922

R H Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 10[illegible]261

PLACE OF BIRTH

County of Ada

City of Boise

291427.001.415

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 2 1922

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 104262

No. ..... St.

Primary Registration District No. 1004 Registered No. 375

Hospital Halphousen

FULL NAME OF CHILD Wayne L. Brassey

Sex of Child M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 8. 27. 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lon. A. Brassey	FULL MAIDEN NAME	Zilla Davies
RESIDENCE	Placerville, Ida	RESIDENCE	Placerville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1,45 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S Springer
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address

Filed Sept. 11 1922 R. H. Pratt
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

384-121-001-349

PLACE OF BIRTH

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. State St. Registration District No. 2 File No. 104263

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 374

FULL NAME OF CHILD John Churcartegy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Aug 21 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Joe Churcartegy	FULL MAIDEN NAME	Lucaria Tururia
RESIDENCE	Boise	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Mandugo Spain	BIRTHPLACE	Lecuatia Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fro Callesh

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address

Filed Sept 11 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-121-00-349

PLACE OF BIRTH

RECEIVED
OCT 2 1922
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104264

County of Ada

City of Boise

No. State St.

Registration District No. 2 File No.

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 373

FULL NAME OF CHILD Joseph Churcartegy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		yes.	Aug 21 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth four. Number of children of this mother now living, including present birth six.

FATHER		MOTHER	
FULL NAME	Joe Churcartegy	FULL MAIDEN NAME	Lucaria Tururia
RESIDENCE	Boise Idaho	RESIDENCE	Boise Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Mandiya, Spain	BIRTHPLACE	Lecuatia Spain
OCCUPATION	Sheepman.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Callister

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address

Filed Sept 11 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

134-103-004793

PLACE OF BIRTH

RECEIVED
OCT 2 1922
BUR...
ST...

ST[redacted]HO
BUREAU [redacted]TATISTICS
CERT[redacted] BIRTH

Form V. S. No. 11—25m-6-18-18

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Registration District No. 2

Primary Registration District No. 1004

File No. 104265

Registered No. 372

Full Name of Child Donald Keith Almond

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 9 (Month) 3 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Harold C. Almond	FULL MAIDEN NAME Vera Picken
RESIDENCE 1318 State St, Boise Ida.	RESIDENCE 1318 State St, Boise, Ida.
COLOR White AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Colorado	BIRTHPLACE Canada.
OCCUPATION Brakeman	OCCUPATION Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill
Physician a.B.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Empire B. Boise Ida.

Filed Sept 11 1922 R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho April 29-24

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Boise (ST. _____ (COUNTY Ada

FILE NO. 104265

DATE OF BIRTH 9-3-22

SEX OF CHILD _____

FATHER Harold C Almond MOTHER Vera Picken (MAIDEN NAME)

I HEREBY CERTIFY that the child herein described has been named:

Donald Keith Almond

H. C. Almond

Signature of Father or Mother.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

133-124-003-617

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDA[illegible]

BUREAU OF VITAL S[illegible]

CERTIFICATE OF B[illegible]

[illegible] S. No. 11-C—25m-9-8-17

104266

Registration District No. 28

File No. 8

Primary Registration District No. 2161

Registered No. 4495

FULL NAME OF CHILD Earl James Allen Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May (Month) 24 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Earl James Allen	FULL MAIDEN NAME	Edna Florence Waggoner
RESIDENCE	Hawkins, Idaho	RESIDENCE	Hawkins Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Franklin, Idaho	BIRTHPLACE	Rea, Missouri
OCCUPATION	Farming	OCCUPATION	Teaching

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello, Ida.

Registrar

Filed 7-1 1922

J. Young Registrar

Dup of 22-323209

365-128-003-957

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

104267

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 80

Hospital Pocatello Gen. Primary Registration District No. 2161 Registered No. 4496

FULL NAME OF CHILD Orin Joel Loveland
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	June 28 1922

What bactericidal solution was used in eyes? Argyrol 15 0/0

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Charles Joel Loveland	FULL MAIDEN NAME	Sarah Inglestrom
RESIDENCE	Pocatello, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Garden City, Utah	BIRTHPLACE	Idaho
OCCUPATION	Groceryman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 8 9 M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
(Physician ~~or midwife~~)

Address Pocatello

Filed 1-1 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-203-003-218

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 192
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104268

County of Bannock
City of Pocatello
No. ..... St.
Registration District No. 28 File No. 80
Hospital Pocatello Sanitarium Primary Registration District No. 2161 Registered No. 4497

FULL NAME OF CHILD Virginia Lee Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	July 3 1922

What bactericidal solution was used in eyes? 15% argyrol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Leland Johnson	FULL MAIDEN NAME	Frankie Bayliss
RESIDENCE	Pocatello, Ida.	RESIDENCE	Same
COLOR	W.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	26.	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Soldier, Kan.	BIRTHPLACE	Chicago
OCCUPATION	Coal	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McKay

(Physician or midwife)

Address Pocatello

Filed 1-1 1922 J. H. Young Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-104-003-433

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104269

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 80

Hospital Gen. General Primary Registration District No. 2161 Registered No. 4498

FULL NAME OF CHILD Weston D. Bradley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	July 4 1922

What bactericidal solution was used in eyes? 15% Argyrol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clinton D. Bradley	FULL MAIDEN NAME	Florence McClellan
RESIDENCE	Pocatello	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Parker, Utah	BIRTHPLACE	Chapanquarez, Mexico
OCCUPATION	Welder - Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Address Pocatello

Filed 1-1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-117-003-517

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 18 ... BUREAU ... STATISTICS

CERTIFICATE OF BIRTH 104270

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 83

Hospital Pocatello Gen'l Primary Registration District No. 2161 Registered No. 4499

FULL NAME OF CHILD Delos Hale
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	July 17 1922

What bactericidal solution was used in eyes? 15% argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Elsie Lavone Hale	FULL MAIDEN NAME	Edna Nogel
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	California	BIRTHPLACE	California
OCCUPATION	Clerical man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Ray
(Physician or midwife)

Address Pocatello

Filed 1-1 1922 J R Young Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 11 1958

265-018-007-155

PLACE OF BIRTH

amend 5-19-83

RECEIVED SEP 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104271

County of Bannock

City of Lava Hot Springs

No. ..... St.

Registration District No. 28 File No. 80

Hospital ..... Primary Registration District No. 2161 Registered No. 4500

FULL NAME OF CHILD May Bowden

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	7 18 1922

What bactericidal solution was used in eyes? Argenol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Leslie William Bowden	FULL MAIDEN NAME	Esther D[illegible] Jenkes
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, **at** 1:30 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) [illegible] Physician

(Physician or midwife)

Address Lava Hot Springs

Filed 9-1 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-12-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
MAY 18 11 28 AM '83

State of _____ } ss.
County of _____

Certificate No. 104271
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bouden (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 18, 1922 (Date of Event)

in Lava Hot Springs (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Bouden	May Bowden
fathers last name	Bouden	Bowden
mothers first name	Estah	Esther

Subscribed and sworn to before me this 16 day of May, 1983

Notary Public, Claire M Tanner
Residing at Brigham City, Ut
My commission expires June 12, 1985
(Seal)

X May B. Brown
Signature of Applicant

X 644 E. 200 N. Brigham City, Ut 84302
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of B.E.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of May, 1983

Notary Public, Claire M Tanner
Residing at Brigham City
My commission expires June 12, 1985
(Seal)

Verda Bowden Knavel
Supporting Signature

217 E. 400 S.
Street Address, City, State
Brigham City, Utah
84302

Certificate of Baptism from LDS Church gives May Bowden daughter of Leslie Wm. Bowden and Esther D Jenks born July 18, 1922 in Lava Hot Springs was baptised Aug 2, 1930. Viewed by V.S.
Certificate of Blessing from LDS Church gives May Bowden born July 18, 1922 to L.W. Bowden and Esther Jenks and was blessed Sept 3, 1922.
Viewed by V.S.

MAY 19 1983

315-119-003-534

PLACE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

104272

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 26 File No. 80

Hospital Pocatello Gentle Primary Registration District No. 2161 Registered No. 4501

FULL NAME OF CHILD Ray Edwin Cavanaugh.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	July 19 1922

What bactericidal solution was used in eyes? 15% argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Thomas Cavanaugh	FULL MAIDEN NAME	Louise Eldridge
RESIDENCE	Pocatello	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Fraser	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 79 M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Ray.

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 9-1 1922 J R Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

763-120-003-764 name added 4-30-84 dl

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104273

County of Bannock

City of Lava Hot Springs

No. ..... St.

Registration District No. 28 File No. 80

Hospital .....

Primary Registration District No. 2161 Registered No. 4502

FULL NAME OF CHILD Clarence R Potter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	7 20 1922

What bactericidal solution was used in eyes? Argerol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Bert Potter	FULL MAIDEN NAME	Clara Godfrey
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ida	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. K. Trimston

Physician
(Physician or midwife)

Address Lava Hot Springs

Filed 4-1 1922 J. H. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-2-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 27 9 19 AM '84

State of _____ } ss.
County of _____

Certificate No. 104273
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Potter (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 20, 1922 (Date of Event)

in Lava Hot Springs (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
1. Childs name	Unnamed	Clarence K Potter

OFFICIAL SEAL
GLORIA E PETERSON
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
My comm. expires SEP 17, 1986

Subscribed and sworn to before me this 4TH day of April, 1984.

Notary Public, Gloria E. Peterson
Residing at San Jose, Ca. 95128
My commission expires September 17, 1986
(Seal)

x Clarence Potter
Signature of Applicant

x634 Al Paro Ave San Jose Ca.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

OFFICIAL SEAL
GLORIA E PETERSON
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
My comm. expires SEP 17, 1986

State of _____ } ss.
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of April, 1984.

Notary Public, Gloria E. Peterson
Residing at San Jose, Ca. 95128
My commission expires September 17, 1986
(Seal)

John D Souza
Supporting Signature

2445 West Ave 133 San Leandro Calif.
Street Address, City, State Zip 94577

cc pd

Retail Installment Contract gives buyer as Clarence R. Potter of San Jose, CA. Dated May 2, 1972. Viewed by V.S.

APR 30 1984

Marriage License from State of Idaho County of Bannock lists Clarence R. Potter and Lorraine Armyon were married in Lava Hot Springs on Feb 21, 1942. Viewed by V.S.

OFFICIAL SEAL
GLORIA E PETERSON
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
My comm. expires SEP 17, 1986

818-224-003-695

PLACE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104274

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 80

Hospital Pocatello, Gen'l Primary Registration District No. 2161 Registered No. 4503

FULL NAME OF CHILD Mary Louise Hayes
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
X		yes	July 24 1922

What bactericidal solution was used in eyes? 15 % argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robert Ralph Hayes	FULL MAIDEN NAME	Patti Field
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Pocatello, Idaho	BIRTHPLACE	Texas
OCCUPATION	Looking Fathers Estate!	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Ray

(Physician or midwife)

Address Pocatello

Filed 9-1 1922 J W Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 11-1-40 mf

MAR 25 [illegible] 7/18/41

292-124-003-292

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

104275

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs

No. ..... St.

Registration District No. 28 File No. 80

Hospital .....

Primary Registration District No. 2161 Registered No. 4504

FULL NAME OF CHILD Edwin Vallentine Kissel.
(Certificate of no value without full name of child.)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 7 (Month) 24 (Day) 1922 (Year)

What bactericidal solution was used in eyes? Argerol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Everett Vallatine Kissel	FULL MAIDEN NAME	Laurette Minnie Kissel
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 8:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Thurston

Physician
(Physician or midwife)

Address Lava Hot Springs

Filed 9-1 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 22 1960

967-227-003-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

104276

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 80

Hospital Pocatello Gen'l Primary Registration District No. 2161 Registered No. 4505

FULL NAME OF CHILD Virginia Ann Rogers.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
X		yes	7/27 1922

What bactericidal solution was used in eyes? 15% argyrol Sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Rural Mayser Rogers	FULL MAIDEN NAME	Anna Nelson
RESIDENCE	Pocatello, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1:30 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Roy

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 7-1 1922 J. H. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1942

226-127-003-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 18 1922
BUREAU OF VITAL

104277

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 7th Ave St.
Hospital St. Anthonys
Registration District No. 28
Primary Registration District No. 2161
File No. 80
Registered No. 4506

FULL NAME OF CHILD John Skondras
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	2 (To be answered only in event of plural births)	2	yes	July 27 1922

What bactericidal solution was used in eyes? Silver Nitrate 1 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	[redacted] Skondras	FULL MAIDEN NAME	Palma Harry
RESIDENCE	542 East Center	RESIDENCE	542 East Center
COLOR	Greek	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Greece	BIRTHPLACE	Denver Colorado
OCCUPATION	Baker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. Newton
(Physician or midwife)
Address Pocatello

Filed 7-1 1922 J. H. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1942

469-128-003-285

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

104278

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 220 So. Main St.
Registration District No. 28 File No. 80
Hospital
Primary Registration District No. 2161 Registered No. 4507

FULL NAME OF CHILD Robert Sidney Morgan
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			Yes	July	28	1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Henry De Morgan	FULL MAIDEN NAME	Olive Roberta Sheaffer
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Orange River Colony So. Africa	BIRTHPLACE	Glasgow Montana
OCCUPATION	Pipe fitter	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Filed 7/ 1922 M Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 2 1943,

613-230-007-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. ..... St.

Hospital Pocatello Gen'l

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104279

Registration District No. 28 File No. 80

Primary Registration District No. 2161 Registered No. 4508

FULL NAME OF CHILD Marjorie Eileen Walsh
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
X		Yes	7/30/1922

What bactericidal solution was used in eyes? 15% argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ralph Walsh	FULL MAIDEN NAME	Zella Elizabeth Williams
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Illinois	BIRTHPLACE	Minnesota
OCCUPATION	Truck Auto Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 1:19 M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Pocatello

Filed 4-1 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE
E FILED FOR EACH CHILD AND THE SAME COMP

NOV 1 3 1942

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Street: 503 No. Lincoln (Born at Pocatello General Hospital)

County: Bannock

File Number: 104279

Registration Dist. No.:

Sex of Child: Female

Date of Birth: July 30th 192.2.

Father: Ralph Walch (Full Name)

Mother: Zella Williams (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marjorie Eileen Walch
Child's Name in Full

Mrs. Zella Walch
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

269-431-003-689

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

104280

CERTIFICATE OF BIRTH

RECEIVED
SEP 1 5 1922

County of Bannock
City of Pocatello
No. 1710 E Wyeth St.
Registration District No. 28
File No. 8 5
Hospital
Primary Registration District No. 2161
Registered No. 4509

FULL NAME OF CHILD Rupert Whitaker Sorensen?
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	7/31/192 2

What bactericidal solution was used in eyes? 15% argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Andrew Rupert Sorensen	FULL MAIDEN NAME Mildred Rose Whitaker
RESIDENCE Smithfield Idaho	RESIDENCE Same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Rockland, Idaho	BIRTHPLACE Bayonet, Utah
OCCUPATION Rancher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 1 a. M. at (Born alive ~~or stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Murray

(Physician ~~or midwife~~)

Address Pocatello

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 9-1-1922 J M Young

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

296-131-003-168

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. West Pocatello St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104281

Registration District No. 9 File No.

Primary Registration District No. 216 Registered No. 4310

FULL NAME OF CHILD Virgil Dean Brown

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 31 1922

What bactericidal solution was used in eyes? 15% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Claude Wood Brown	FULL MAIDEN NAME	Lena Johns
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Milford, Utah	BIRTHPLACE	Pueblo, Colo
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

(Physician or midwife)

Address Pocatello, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 9/1/1922 J. P. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-12-41

JUN 10 1947

OCT 5 1962

APR 7 1943

SEP 28 1953

APR 8 1943.

FEB 28 1952

863-131-003-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 18 1922

CERTIFICATE OF BIRTH

104282

County of Bannock
City of Lava Hot Springs
No. ..... St.
Hospital .....

Registration District No. 28 File No. 80
Primary Registration District No. 2161 Registered No. 4511

FULL NAME OF CHILD Conard P. Hollingsworth
(Certificate of no value without full name of child.)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 7-31-1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argerol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Maylon Hollingsworth	FULL MAIDEN NAME	Coral Peterson
RESIDENCE	Preston, Ida	RESIDENCE	Preston, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Preston, Ida.	BIRTHPLACE	Preston, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 5:20 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Lava Hot Springs

Filed 9-1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 104282

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Conard P. Hollingsworth

Subscribed and sworn to before me this 16th day of October, 1942

Signed Florence W. Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise, Idaho

My commission expires 9/11/44
(Seal)

1912 N. 23rd St Boise - Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

(Street Address, City, State)

My commission expires .....
(Seal)

OCT 1 6 1942

168-101-003-417

PLACE OF BIRTH

RECE[illegible]
SEP 13 [illegible]
BUREAU [illegible]
STA[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104283

County of Bannock
City of Pocatello
No. 705 S. Arthur St.
Hospital X

Registration District No. 25 File No. 81
Primary Registration District No. 2161 Registered No. 4512

FULL NAME OF CHILD Still Born
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	August 1st 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 0

FATHER	MOTHER
FULL NAME: Henry Joseph Johnson	FULL MAIDEN NAME: Laura Bell Magden
RESIDENCE: 705 S. Arthur Ave.,	RESIDENCE: 705 S. Arthur Ave.,
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Salt Lake City, Utah.	BIRTHPLACE: Sunfield, Utah.
OCCUPATION: Accountant	OCCUPATION: Hwsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was still born, at 10:30 A. M. on the date above stated.
(~~Born alive~~ or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.
(Physician ~~or midwife~~)

Address Pocatello, Idaho.

Filed 9-1 1922 J. H. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

632-101-003-263

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 1 ...
BUREAU
ST

CERTIFICATE OF BIRTH

104284

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 81

Hospital Pocatello Gen'l Primary Registration District No. 2161 Registered No. 4013

FULL NAME OF CHILD Wesley ~~Dawson~~ Duane Olson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	8/1/1922

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Franklin Fruid Olson	FULL MAIDEN NAME	Mabel Ruth Rolstad
RESIDENCE	Pocatello, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Lindsburg, Kansas	BIRTHPLACE	Minn.
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 9-1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-101-003-513

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 7th Ave St.
Registration District No. 81
File No. 104285
Hospital St. Anthony's
Primary Registration District No. 2161
Registered No. 4514

FULL NAME OF CHILD GEORGE SIGEL Hatcher
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1			yes	Aug 1 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	George Seagel Hatcher	FULL MAIDEN NAME	Irene Eachus
RESIDENCE	224 So. 8th	RESIDENCE	224 So. 8th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Colorado	BIRTHPLACE	Washington
OCCUPATION	Sheep Dealer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 9.15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) De Am. Newton
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

Registrar.

Address Pocatello

Filed 7-1 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 104285

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Hatcher (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 1,1922 (DATE OF EVENT)
in Pocatello, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by No name given (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Name given, Dec.1,1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Hatcher	George Sigel Hatcher

Subscribed and sworn to before me this 13th day of January, 1942

Juanita Carranaugh

Notary Public, residing at Lynwood, Calif.

My commission expires April 9, 1943.

(SEAL)

Signed Irene Eachus Hatcher

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

3230 Lynwood Road, Lynwood, Calif.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of January, 1942

Juanita Carranaugh

Notary Public, residing at Lynwood, Calif.

My commission expires April 9th, 1943

(SEAL)

Signed George Sigel Hatcher (Father)

3230 Lynwood Road, Lynwood, Cal.

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

845-202-003-289

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. ..... St.

Hospital Pocatello Genl

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104286

Registration District No. 28 File No. 81

Primary Registration District No. 2161 Registered No. 4315

FULL NAME OF CHILD Jeanne Ellen Hunter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		yes	Aug 2 1922

What bactericidal solution was used in eyes? 1070 Ag No 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ray Scott Hunter	FULL MAIDEN NAME	Mildred May Slingerland
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Boise, Idaho	BIRTHPLACE	Dayton, Nevada
OCCUPATION	Draftsman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 2 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Ray

(Physician or midwife)

Address Pocatello

Filed 9-1 1922 J R Young Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1960

JUL 28 19

FEB 8 1944

395-105-003-7s-9

PLACE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104287

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 87

Hospital None Primary Registration District No. 2161 Registered No. 4516

FULL NAME OF CHILD Laurence Perry Trew.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			No	Aug 5 1922

What bactericidal solution was used in eyes? 2% Sol Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Dont Know	FULL MAIDEN NAME	Sarah E. Perry
RESIDENCE	Dont know	RESIDENCE	Salt Lake City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	✓ (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Dont know	BIRTHPLACE	England
OCCUPATION	Dont know	OCCUPATION	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7 55 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Coad M.D.
(Physician or midwife)

Address Pocatello Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 7-1 1922 J. H. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1971

367-206-003-381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 709 N 13 ave

Registration District No. 28 File No. 104288

Hospital

Primary Registration District No. 2161 Registered No. 4517

FULL NAME OF CHILD Rebecca Tapia
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		yes	8-6-1922

What bactericidal solution was used in eyes? ag no3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Elias Tapia	FULL MAIDEN NAME	Lucy Chacon
RESIDENCE	224 So 2 nd ave	RESIDENCE	same
COLOR	Brown AGE AT LAST BIRTHDAY 25 (Years)	COLOR	Brown AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Colo
OCCUPATION	Laborer	OCCUPATION	hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 9-1 1922 J R Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1942

AUG 25 1942

796-106-003-319

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Inkom.

No. ..... St. .....

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
1922
BUREAU OF VITAL STATISTICS

Registration District No. 28 File No. 104289

Primary Registration District No. 2161 Registered No. 4518

FULL NAME OF CHILD John Gross.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	Aug 6 1922

FATHER

FULL NAME L. Henry Gross.

RESIDENCE Inkom

COLOR W. AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Russia

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Katie Garlaht.

RESIDENCE Inkom

COLOR W AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Russia

OCCUPATION Domestic.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Martha M. Scadden

Midwife
(Physician or midwife)

Address Inkom, Ida.

Filed 4-1 1922

Registrar

293-207.603-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104290

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

County of Bannock
City of Pocatello
No. 1139 Ea Benton St.
Hospital

Registration District No. 28 File No. 81
Primary Registration District No. 2161 Registered No. 4514

FULL NAME OF CHILD CARMIN JUNE BILLING
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	8 7 1922

What bactericidal solution was used in eyes? agno3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John M Billing	FULL MAIDEN NAME	Mattie E Nettleton
RESIDENCE	1139 Ea Benton	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ontario Canada	BIRTHPLACE	Kans.
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) H Young
(Physician or midwife)

Address Pocatello

Filed 9-1 1922 H Young Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Alameda } ss.

Certificate No. 104290

Date Filed April 22-1943

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Child (Name on Original Certificate) who was born (Was Born or Died) on Aug. 7-1922 (Date of Event)
in Pocatello Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on December 25-1936 (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Carmin June Billing

Subscribed and sworn to before me this 22nd
day of April 1943.
Beatrice G. Irish
Notary Public, residing at Oakland California
My commission expires April 29, 1944
(Seal)

Signed J. M. Billing (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3884 Brighton Ave
(Street Address, City, State) Oakland Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Alameda } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of April 1943.
Beatrice G. Irish
Notary Public, residing at Oakland California
My commission expires April 29, 1944
(Seal)

Signed V E Cook
(Signature of Any Credible Person Other Than Previous Year)
1014 Santa Fe Ave Albany Calif
(Street Address, City, State)

APR 28 1943

AUG 17 1971

214-207-603-765

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104291

County of Bannock
City of Pocatello
No. 1342 So 3rd St.
Registration District No. 28
File No. 81
Hospital
Primary Registration District No. 214
Registered No. 452

FULL NAME OF CHILD Lauretta May Baumann
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		yes	8 7 1922

What bactericidal solution was used in eyes? agno3 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Henry Baumann	FULL MAIDEN NAME	Gertrude Koerling
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ill.	BIRTHPLACE	Wis.
OCCUPATION	Switchman	OCCUPATION	Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Young
(Physician or midwife)

Address Pocatello Ida

Filed 9-1 1922 J H Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ASONS WHY A C

THE SAME

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Street: 1342 S. 3rd Ave.

County: Bannock

File Number: 104291

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Aug. 7th 1922

Father: Henry B. Barnard (Full Name)

Mother: Gertrude Dorothy Gerling (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lauretta Mary Baumann

Child's Name in Full

Mrs. Gertrude Baumann

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

466-108.003-363

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104292

County of Bannock
City of Pocatello
No. 7th Ave. St.
Hospital St. Anthonys
Registration District No. 28
File No. 81
Primary Registration District No. 2161
Registered No. 4521

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	no	Aug. 8 1922

What bactericidal solution was used in eyes? Silver Nitrate 1/2%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Moore	FULL MAIDEN NAME	Helen Coleman
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mo.	BIRTHPLACE	Wash.
OCCUPATION	Barber	OCCUPATION	Waitress

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A.M. Newton
(Physician or midwife)

Address Pocatello

Filed 9-1 1922 J.H. Young
(Registrar.)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

144-108003-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104293

County of Bannock

City of Pocatello,

No. ..... St.

Hospital .....

Registration District No. 28 File No. 81

Primary Registration District No. 2161 Registered No. 4529

FULL NAME OF CHILD Albert Wayne Cummisk
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	August 6 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Alvin S Cummisk	FULL MAIDEN NAME Lillian Graham
RESIDENCE 826 S Main Pocatello	RESIDENCE 826 S. Main Pocatello Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Colorado	BIRTHPLACE Missouri
OCCUPATION Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:00 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl W Clark M.D.
(Physician or midwife)

Address Pocatello

Filed 9-1 1922 J. H. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1942

295-109.003-756

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello, Ida
No. N. 7th St.
Hospital St. Anthony

Registration District No. 28
Primary Registration District No. 2161

File No. 104295
Registered No. 4524

FULL NAME OF CHILD Harlwin Edbert Kinney
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	I st	1st	Yes	Aug. 9 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate sol. 1% M. I.

Number of child of this mother, including present birth I st Number of child of this mother now living, including present birth I st

FATHER		MOTHER	
FULL NAME	Clyde J. Kinney	FULL MAIDEN NAME	Emma Jean Gew
RESIDENCE	#5 Fargo Apts.	RESIDENCE	#5 Fargo Apts.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Glenns Ferry Ida	BIRTHPLACE	St. Anthony, Ida.
OCCUPATION	Painter	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright
Physician
(Physician or midwife)

Address Pocatello, Ida

Filed 9-1 1922 J. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

412-210-003-195

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104296

County of Bannock

City of Lava Hot Springs

No. ..... St.

Hospital .....

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

Registration District No. 28 File No. 81

Primary Registration District No. 2161 Registered No. 4525

FULL NAME OF CHILD Helen Louise Mason
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	8 10 1922

What bactericidal solution was used in eyes? Argerol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Charles Mason	FULL MAIDEN NAME	Etta Avery
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Lava Hot Springs
OCCUPATION	Clerk	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 7:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Lava Hot Springs

Filed 9-1 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BI...
...E FILED FOR EACH CHILD AND THE SA... WITH ...

and return this sheet, at your earliest convenience, in the [illegible]

BUREAU OF VITAL STATISTICS.

Place of Birth
City Lava Hot Spgs.
Street
County Bannock

File Number 104296

Registration Dist. No. 30

Date of Birth 10 Aug. 1922

Sex of Child Female

Father Mr Charles Mason
Full Name

Mother Etta Avery
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Helen Louise Mason
Child's Name in Full

Mrs. Etta Mason
Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

268-112-003-764

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104297

County of Bannock

City of Lava Hot Springs

No. ..... St.

Registration District No. 28 File No. 81

Hospital .....

Primary Registration District No. 2141 Registered No. 4526

FULL NAME OF CHILD William Albert Boyce
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	8 12 1922

What bactericidal solution was used in eyes? Argerol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Virge Leo Boyce	FULL MAIDEN NAME	Cora Jane Godfrey
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. Wigleswoorth
Phy
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Lava Hot Springs Ida

Filed 7-1 1922 J R Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED DEC 1922 VITAL STATISTICS BUREAU

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Lava Hot Springs

Street: .....

County: Bannock

File Number: 104297

Registration Dist. No.: 30

Date of Birth: Aug 12th 1922.

Sex of Child: Male

Father: Virgil Leo Boyce (Full Name)

Mother: Cora Jane Godfrey (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William Albert Boyce

Child's Name in Full

Mrs. V. L. Boyce

Signature of Father or Mother

NOV 6 1961

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

613-210-083-618

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104298

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 8

Hospital St. Anthony's. Primary Registration District No. 1161 Registered No. 4527

FULL NAME OF CHILD Fay Walker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug. 10th. 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Everett J. Walker	FULL MAIDEN NAME: Alice Josephine Fay
RESIDENCE: Pocatello, Idaho.	RESIDENCE: Pocatello, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Cheyenne, Wyoming.	BIRTHPLACE: Sexton, Kansas.
OCCUPATION: Miner	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) W. J. Howard, M.D.
(Physician or midwife)

Address Pocatello, Idaho.

Filed 4-1-1922 J. H. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-113-003-356

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104299

County of Bannock
City of Pocatello Ida.
No. 717 th St. Registration District No. 28 File No. 81
Hospital St Anthony Primary Registration District No. 21 691 Registered No. 4528

FULL NAME OF CHILD Frank Milton Watson Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	I	4th	Yes	Aug 13 1922

What bactericidal solution was used in eyes? Silver Nitrate sol 1% M E

Number of child of this mother, including present birth 4th Number of child of this mother now living, including present birth 4th

	FATHER	MOTHER
FULL NAME	Frank Milton Watson	Jennie Thompson
RESIDENCE	356 So. 9th	356 So 9th
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	32
BIRTHPLACE	Cheyenne, Wyoming	Pocatello, Idaho
OCCUPATION	Merchant	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4.50 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Spigarelli
Physician.
(Physician or midwife)

Address Pocatello, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 9-1 1922 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

763-173-003-614

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs

No. ..... St.

Hospital

Registration District No. 28 File No. 104300

Primary Registration District No. 2161 Registered No. 4529

FULL NAME OF CHILD Arthur Stanley Potter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	8 13 1922

What bactericidal solution was used in eyes? Argerol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Francis Potter	FULL MAIDEN NAME	Florence Grace Warner
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Lava Hot Springs	BIRTHPLACE	Salt Lake, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. McPherston

Physician
(Physician or midwife)

Address Lava Hot Springs

Filed 9-1 1922 J. H. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF
FILED FOR EACH CHILD AND THE SAME COMPLETED

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Lava Hot Springs Idaho

Street: .....

County: Bannock

File Number: 104300

Registration Dist. No.: 30

Date of Birth: August 13 192..

Sex of Child: Male

Father: Francis A. Potter
Full Name

Mother: Florence Grace ~~Potter~~
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Arthur Francis Potter
Child's Name in Full

Florence A. Potter
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage & legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are coming to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

41-114003-292

PLACE OF BIRTH

RECEIVED
SEP 13 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] Bannock

of Pocatello, Idaho

No. 646 N. Grant St. Registration District No. 28 File No. 104801

Hospital Primary Registration District No. 216 Registered No. 4530

FULL NAME OF CHILD Amil J. Damron
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 14th 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Arthur J. Damron	FULL MAIDEN NAME: Dora Bishop
RESIDENCE: 646 N. Grant	RESIDENCE: 646 N. Grant
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Desert, Utah	BIRTHPLACE: Desert, Utah.
OCCUPATION: Machinist	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.
(Physician or midwife)

Address Pocatello, Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 9-1 1922 H. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1965

SEP 17 1965

JAN 13 1969

NOV 1 1968

342-216-003-365

PLACE OF BIRTH

RECEIVED SEP 13 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104302

County of Bannock

City of Pocatello

Registration District No. 28

File No. 81

No. ____ St.

Hospital St. Anthonys

Primary Registration District No. 216

Registered No. 4-31

FULL NAME OF CHILD Harolina Rose Cushman

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug 16 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

	FATHER	MOTHER
FULL NAME	John Carlton Cushman	Mary Condit
RESIDENCE	Los Angeles Cal	Los Angeles Cal
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Texas	Battlecreek Mich
OCCUPATION	Auto Mechanic	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Madden

Physician

(Physician or midwife)

Address 312 Carlson Bldg

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 9-1 1922 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

681-218-003-555

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 15 1922

CERTIFICATE OF BIRTH 303

County of Bannock

City of Pocatello

No. 1026 N 8 ave St.

Registration District No. 28 File No. 81

Hospital

Primary Registration District No. 2161 Registered No. 4532

FULL NAME OF CHILD Roberta Clarice O Harrow
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		yes	8 - 18 1922

What bactericidal solution was used in eyes? agno 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Howard O Harrow	FULL MAIDEN NAME	Bessie Ennis
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Ia.	BIRTHPLACE	Idaho
OCCUPATION	laborer	OCCUPATION	hsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young
(Physician or midwife)

Address Pocatello Ida

Filed 9-1 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Solano }

Certificate No. 104303
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Roberta Clarice O'Harrow (Name on original certificate) who was born (Was born or died) on Aug. ~~20~~ 18, 1922 (Date of event) in Pocatello, Idaho (Place of event) are misspelled erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother (Bible record, insurance policy, etc.) prepared on Oct. 1st, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	O'Hara	O'Harrow

Subscribed and sworn to before me this 1st day of October 1941
Geo T Mackinay
Notary Public, residing at Vallejo
My commission expires April 26 1942
[SEAL]

Signed Mrs. Bessie O'Harrow
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Solano }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of October 1941
Geo T Mackinay
Notary Public, residing at Vallejo
My commission expires April 26 1942
[SEAL]

Signed Mrs Katherine Gibb
(Signature of any credible person other than the previous affiant.)

612 Florida St
(Street Address, City, State)
Vallejo, Calif.

Received for filing on By
(Registrar's signature)

JUL 6 1943

451-218-003-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104304

RECEIVED SEP 1 1922

County of Bannock

City of Pocatello, Idaho.

No. 524 N. 11th Ave.

Registration District No. 28 File No. 81

Hospital ____ Primary Registration District No. 2161 Registered No. 4533

FULL NAME OF CHILD Louise LaVaughn Dean
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug. 18th 1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: William Thornton Dean	FULL MAIDEN NAME: Louie Thomas
RESIDENCE: 524 N. 11th Ave.,	RESIDENCE: 524 N. 11th Ave.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Amarilla, Texas	BIRTHPLACE: Chesterfield, Idaho.
OCCUPATION: Auto Mechanic	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician or midwife)

Address Pocatello, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 9-1-1922 J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1970

392-219-603-753

PLACE OF ~~BIRTH~~

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104305

County of Bannock
City of Pocatello, Idaho. Registration District No. 28 File No. 87
No. 1570 Roosevelt St. Primary Registration District No. 261 Registered No. 4534
Hospital St. Anthony's

FULL NAME OF CHILD Evelyn Mildred Lushinsky
(Certificate of no value without name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug. 19th 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Herbert William Curtis Lushinsky	FULL MAIDEN NAME: Marie Peterson
RESIDENCE: 1570 Roosevelt Ave.,	RESIDENCE: 1570 Roosevelt Ave.,
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Plattsmouth, Nebraska	BIRTHPLACE: Falster, Denmark
OCCUPATION: Locomotive Engineer	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:02 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.
(Physician or midwife)

Address Pocatello, Idaho.

Filed 9-1 1922 J. H. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of LOS ANGELES }

Certificate No. 104305
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or death)
for EVELINE MILDRED LISHUSKY (Name on original certificate) who was born (Was born or died) on AUG. 19, 1922 (Date of event)
in POCATELLO, IDAHO (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ACTUAL KNOWLEDGE AS OLDER SISTER (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
SurName	Lishusky	Lushinsky
Name	Eveline Mildred	Evelyn Mildred

Subscribed and sworn to before me this 17
day of January, 1942.
Philip Harding
Notary Public, residing at South Gate, Calif.
My commission expires Feb. 15, 1943
[SEAL]

Signed Jean Lushinsky Larson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
9924 Kauffman South Gate Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of LOS ANGELES }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17
day of January, 1942
Philip Harding
Notary Public, residing at South Gate, Calif.
My commission expires Feb. 15, 1943
[SEAL]

Signed Vernet B. Larson
(Signature of any credible person other than the previous affiant.)
9924 Kauffman South Gate Calif.
(Street Address, City, State)

Received for filing on JAN [illegible] By
(Registrar's signature)

JAN 2 3 1942

JUN 5 1991

244-213-003-154

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 1 1922

CERTIFICATE OF BIRTH

104306

County of Bannock

City of Pocatello

No. 1124 No. Arthur St.

Registration District No. 28 File No. 8

Hospital

Primary Registration District No. 2161 Registered No. ~~45-35~~

FULL NAME OF CHILD ~~[illegible]~~ Smullin Opal Louise
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	8-13-1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Fred H. Smullin	FULL MAIDEN NAME	Florence Frances Anderson
RESIDENCE	1124 No Arthur	RESIDENCE	Same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Car Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1:30 p M.
(Born alive ~~or stillborn~~)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray
(Physician ~~or midwife~~)

Address Pocatello

Filed 9-1 1922 J H Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 104306

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorothy Smullen (Name on Original Certificate) who born (Was Born or Died) on August 13, 1923 (Date of Event)
in Pocatello (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
August 13, 1923		August 13, 1922
name	Dorothy Smullen	Opal Louise Smullin

Subscribed and sworn to before me this
day of , 19
Theodore H. Gathe Jr.
Notary Public, residing at
My commission expires
(Seal)

Signed Florence Smullen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed Florence Smullen
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 5 1944

866-214-003-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 337 So. Hayes St. Registration District No. 28 File No. 104307

Hospital Primary Registration District No. 2161 Registered No. 4136

FULL NAME OF CHILD Frances Pearl Hood

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Aug 9 1922

What bactericidal solution was used in eyes? 20 % argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Arthur Glen Hood	FULL MAIDEN NAME	Mabel Beeton
RESIDENCE	Pocatello Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Cody, Nebr.	BIRTHPLACE	Idaho.
OCCUPATION	Carpenter R.R.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. McKay

(Physician or midwife)

Address Pocatello

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 9-1 1922 J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 1966

DEC 28 1943

915-115-003-385

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 104308

Hospital .....

Primary Registration District No. 2161 Registered No. 4537

FULL NAME OF CHILD Verne Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	8-15-1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm Verne Randall	FULL MAIDEN NAME	Agnes Chedgzey
RESIDENCE	Robin Idaho	RESIDENCE	Same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Machinist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 8:30 9 M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray

(Physician ~~or midwife~~)

Address Pocatello

Filed 9-1 1922 J R Young Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-215-003-514

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104309

County of Bannock

City of Pocatello

No. 336 W. Young

Registration District No. 28 File No. 81

Hospital

Primary Registration District No. 2161 Registered No. 4538

FULL NAME OF CHILD Beverly A. Brandt
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	8-15-1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Carl B. Brandt	FULL MAIDEN NAME	Bessie Vaugn
RESIDENCE	336 W. Young	RESIDENCE	Same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	R.R. Acct	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 10:30 9, M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD
(Physician or midwife)

Address Pocatello Idaho

Filed 9-1 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1953

FEB 26 1943

359-216-003-289

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 13 1922

CERTIFICATE OF BIRTH 104310

County of Bannock

City of Pocatello

No. 757 No Harrison St. Registration District No. 28 File No. 81

Hospital Primary Registration District No. 2161 Registered No. 4559

FULL NAME OF CHILD Wilma Bernice Terry
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	8 16th 1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Joseph Terry	FULL MAIDEN NAME Mary Elizabeth Byington
RESIDENCE 757 No Harrison	RESIDENCE Same
COLOR wht	COLOR wht
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Idaho
OCCUPATION R.R. Mechanic	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19...

.....
Registrar.

(Signature) D C Kay M D

(Physician or midwife)

Address Pocatello Idaho

Filed 9/1 1922 J H Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 104310

OCT 1 1942

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Wilma	Wilma Berniece Terry
Date	Aug. 17th	Aug. 16, 1922

Subscribed and sworn to before me this 30th day of Sept., 1942.

Notary Public, residing at Pocatello
My commission expires May 10, 1945
(SEAL)

Signed Mrs. Joseph A. Terry (Marie E. Byington)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
341 - E. Lawton Pocatello Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of Sept., 1942.

Notary Public, residing at Pocatello
My commission expires May 10, 1945
(SEAL)

Signed Joseph A. Terry
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
341 - E. Lawton Pocatello Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

OCT 2 1942

413-H170803-214

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104311

No. ..... St. ..... Registration District No. 28 File No. 81

Hospital Pocatello Sanit Primary Registration District No. 2161 Registered No. 4540

FULL NAME OF CHILD Robert Wesley Watson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Aug 17 1922

What bacteriedal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Clarence LeRoy Watson	FULL MAIDEN NAME Ida Mary Baugh
RESIDENCE Pocatello Idaho	RESIDENCE Same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Morgan, Utah
OCCUPATION Chief Clerk Q.M. U.S.A.	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 a. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kay

(Physician ~~or midwife~~)

Address Pocatello

Filed 9-1 1922 J. H. Young

Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATS

...ERAL REASONS ... A CERTIFICATE OF BIRTH

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello, Idaho

Street: 328 N. Lincoln

County: Bannock

File Number: 104311

Registration Dist. No.:

Date of Birth: August 17, 1922.

Sex of Child: Male

CEIVED
2 1923
U OF VITAL
ATISTICS

Father: Clarence LeRoy Watson (Full Name)

Mother: Ida Mary Watson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Wesley Watson
Child's Name in Full

Ida Mary Watson
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

435-120-003-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104312

County of Bannock

City of Pocatello

No. 643 N Harrison

Registration District No. 28 File No. 87

Hospital

Primary Registration District No. 2161 Registered No. 4541

FULL NAME OF CHILD David Bruce McNichols

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	8-30-1922

What bactericidal solution was used in eyes? agno 3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	David A McNichols	FULL MAIDEN NAME	Mabel Louise Hansen
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Colo	BIRTHPLACE	Idaho
OCCUPATION	Salesman	OCCUPATION	Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young

(Physician or midwife)

Address Pocatello Ida

Filed 9/1/1922 J R Young Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-221-003-133

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 19[illegible]
BUREAU OF [illegible]
STATISTICS

CERTIFICATE OF BIRTH 104313

County of Bannock

City of Pocatello, Ida

No. N. 7th St. Registration District No. 28 File No. 81

Hospital St. Anthony Primary Registration District No. 2161 Registered No. 4542

FULL NAME OF CHILD Gloria Sue Fowler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	I		II	Yes	Aug. 21 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol. M.I.

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1st

FATHER		MOTHER	
FULL NAME	John Thomas Fowler	FULL MAIDEN NAME	Josephine Grace Allen
RESIDENCE	620 W. Hayden St.	RESIDENCE	620 W. Hayden St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Platte, Missouri
OCCUPATION	Boiler-maker	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright
Physician
(Physician or midwife)

Address Pocatello, Ida.

Filed 9-1 1922 [illegible] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

812-221-003-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. 727 W. Whitman

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104314

Registration District No. 28 File No. 81

Hospital

Primary Registration District No. 2161 Registered No. 4543

FULL NAME OF CHILD Margaret Mary Jane Hastie.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Aug 21 1922

What bactericidal solution was used in eyes? 17. AgNO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Simon Joseph Hastie	FULL MAIDEN NAME	Mary Collins
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Killyman, Ireland	BIRTHPLACE	New Miller, Ireland
OCCUPATION	Jointer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Filed 9-1 1922 J. R. Young.
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364-123-003-614

PLACE OF BIRTH

[redacted] No. 11-C-25m-7-21-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Ida

Registration District No. 28 File No. 104315

No. 336 So 2nd St.

Primary Registration District No. 2161 Registered No. 4544

Hospital —

FULL NAME OF CHILD ~~Danty Comastri~~ DANTE ALEXANDER COMASTRI (Danty Comastri)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Archie Comastri	FULL MAIDEN NAME	Ada Fanaro
RESIDENCE	336 So 2nd	RESIDENCE	336 So 2nd
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 840 (Born alive or stillborn), at P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Lyons

Phy (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pocatello Ida

Filed 9-1 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

dept 90 1922-105382

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Bannock, }

Certificate No. 104315

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Archie Danty Comostry (Name on Original Certificate) who born (Was Born or Died) on August 23, 1922, (Date of Event) in Pocatello, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records, (Bible Record, Insurance Policy, Etc.) prepared on about 4 months after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Comostry	Comastri
Name	Archie Danty	Dante Alexander Comastri.

Subscribed and sworn to before me this 19th day of October, 1942.

Notary Public, residing at Pocatello, Idaho.

My commission expires October 15th, 1944. (Seal)

Signed Ada Lovero Comastri Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

344 N. 11th Avenue, Pocatello, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Bannock, }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of October, 1942.

Notary Public, residing at Pocatello, Idaho.

My commission expires October 15th, 1944. (Seal)

Signed Achilla Comostro Father.
(Signature of Any Credible Person Other Than Previous Year)

344 N. 11th Avenue, Pocatello, Idaho.
(Street Address, City, State)

OCT 23 1942

OCT 1942

415-222-003-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello, Ida

No. 77th St. Registration District No. 28 File No. 104316

Hospital St Anthony Primary Registration District No. 2161 Registered No. 4545

FULL NAME OF CHILD Elizabeth Ann Davies
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	I		1st	Yes	Aug 22 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate sol 1% M I

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph Harold Davies	FULL MAIDEN NAME	Elizabeth Isabelle Smith
RESIDENCE	206 North Garfield	RESIDENCE	206 North Garfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Pocatello, Idaho
OCCUPATION	Switch-Fireman	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 3.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Wright
Physician
(Physician or midwife)

Address Pocatello, Ida.

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 9-1 1922 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 16, 1941. E.W.

864-123-003-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello, Idaho

No. 711 N. 6th Ave.

Registration District No. 28

File No. 104317

Hospital

Primary Registration District No. 2161

Registered No. 4054

FULL NAME OF CHILD Robert Hodges
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 23rd 1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Herman W. Hodges	FULL MAIDEN NAME	Cora Jane Williams
RESIDENCE	711 N. 6th Ave.,	RESIDENCE	711 N. 6th Ave.,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Stanton, Mich.	BIRTHPLACE	Paris, Idaho
OCCUPATION	Locomotive Engineer	OCCUPATION	Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D.
(Physician or midwife)

Address Pocatello, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 9-1 1922 J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349.224.003-2 53

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. ..... St.
Registration District No. 68
File No. 104318
Hospital None
Primary Registration District No. .....
Registered No. .....

FULL NAME OF CHILD Ruby Vaughan Curtis.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	8-24-192 2

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clifton Curtis	FULL MAIDEN NAME	Ruth Kellow.
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 8 50 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roof M.D.
(Physician or midwife)
Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

Filed 9-1 192 2
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1942

APR 12 1943

983126-203-318

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 19[illegible]

CERTIFICATE OF BIRTH 104320

County of Bannock

City of Pocatello

No. 847 So 3 St.

Registration District No. 28 File No. 81

Hospital

Primary Registration District No. 3161 Registered No. 45-49

FULL NAME OF CHILD Clyde Lyman Nytting
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	8 26 1922

What bactericidal solution was used in eyes? argyrol 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lyman Nytting	FULL MAIDEN NAME	Ruth Irene Taylor
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Canada
OCCUPATION	Laborer	OCCUPATION	Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 noon M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. H. Young

(Physician or midwife)

Address Pocatello Ida

Filed 9-1-1922 J. H. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 23 1954

317-26-003-391

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

County of Bannock
City of Pocatello
No. 138 N. Main St.
Hospital
Registration District No. 28
Primary Registration District No. 2161
File No. 104321
Registered No. 4550

FULL NAME OF CHILD Bladen Hansen Cagle
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 26 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Bladen C. Cagle	Nadja Crawford
RESIDENCE	Pocatello Ida.	Pocatello Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	25 (Years)	21 (Years)
BIRTHPLACE	Alexander Neb.	Garden City Utah
OCCUPATION	R.R. Engineer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 1 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Hadden
Physician
(Physician or midwife)

Address 33 Carlson Bldg Pocatello

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 9-1 1922 J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

279-230-003-666

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 15 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. ..... St.
Hospital Gen. Hospital
Registration District No. 28
Primary Registration District No. 2141
File No. 10322
Registered No. 4457

FULL NAME OF CHILD Edna Marie Spillman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	8 - 30 - 192 2

What bacteriocidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Frederick Wm Spillman	FULL MAIDEN NAME Edna Woodland
RESIDENCE Preston, Idaho	RESIDENCE Preston, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Logan, Utah	BIRTHPLACE Arimo, Idaho
OCCUPATION Electrician	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 P. M. (Born alive or stillborn) on the date above stated.

(Signature) J. M. Young

(Physician ~~or midwife~~)

Address Pocatello Ida

Filed 9-1 1922 J. M. Young Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS
FOR EACH CHILD AND T

- - -

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number .....104322.....

Registration Dist. No. .....

Sex of Child.....Female.....

Date of Birth .....192....

Father .....
Full Name

Mother .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 104323

County of Bannock
City of Pocatello
No. 837 E Wyatt St.
Hospital
Registration District No. 28
Primary Registration District No. 2161
Registered No. 4552

FULL NAME OF CHILD Katherina Katsis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	8 31 1922

What bactericidal solution was used in eyes? argos 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Gust Katsis	FULL MAIDEN NAME	Helena Skantgaris
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Greece	BIRTHPLACE	Greece
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J R Young
(Physician or midwife)
Address Pocatello Ida

Filed 9-1-1922 J R Young Registrar.

Dup of 22-185248

460-219-003-813

PLACE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 1 C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Hatch
Amended Nov. 1943

No. Amended 2-20-79 St.

Hospital

Registration District No. 2161

File No. 104325

Primary Registration District No. 84

Registered No.

FULL NAME OF CHILD Moore Margaret Delilah

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	8-19 1922

FATHER

FULL NAME Roland Louis Moore

RESIDENCE Hatch

COLOR W

AGE AT LAST BIRTHDAY 42 ~~36~~ (Years)

BIRTHPLACE Iowa ~~Utah~~

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Christine Hatch

RESIDENCE Hatch

COLOR W

AGE AT LAST BIRTHDAY ~~36~~ ~~39~~ (Years)

BIRTHPLACE Hatch

OCCUPATION h w

Number of child of this mother, including present birth 4 ~~5~~ Number of children of this mother now living, including present birth 4 ~~5~~

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was b a (Born alive or stillborn), at 2:30 P M. on the date above stated.

(Signature) Walter S Bach M D

(Physician or midwife)

Address Bancroft

Filed 9-1-22 19

Walter S Bach
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7 943 SEVERA

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 20 12 21 PM '79

State of Idaho
County of Ada } ss.

Certificate No. 104325
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Margaret Delita Moore (Name on Original Certificate) who was born (Was Born, Died, etc.) on August 19,1922 (Date of Event)

in Hatch, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Margaret Delita	Margaret Delilah

Subscribed and sworn to before me this 20th day of February, 1979.

Notary Public, Florence Cartright

Residing at Boise

My commission expires Lifetime

(Seal)

Margaret Hebdon
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Certificate of Blessing gives name as Margaret Deliah Moore, daughter of L. B. Moore and Christina Hatch. Born August 19, 1922 at Hatch, Idaho. Blessed November 5, 1922 in L. D. S. Church.
Viewed by V.S.

Marriage certificate issued by Caribou County, Idaho gives name of bride as Margaret Delilah Moore married January 7, 1947, in Bancroft, Idaho. County # 23446.
Viewed by V.S.

Certificate of Record of Membership issued by the L.D.S.Church gives name as Margaret Delilah Moore born August 19, 1922 at Hatch, Idaho. Blessed Novem November 4, 1922. Dated April 8, 1943.

FEB 20 1979

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 104325

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Margaret Delilah Moore (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on August 19, 1922. (DATE OF EVENT)
in Hatch Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Father's name and age	Louis - 36	Louis Roland - 42 years
# birthplace	Utah	Iowa
Mother's age	32	36 yrs
No. of children	3	4

Subscribed and sworn to before me this 24th day of February 19 43.

Signed Christine Moore
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Charles W. Shumlin
Notary Public, residing at Bancroft,

Bancroft Ida
(STREET ADDRESS, CITY, STATE)

My commission expires November 1st, 1943.
(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

(STREET ADDRESS, CITY, STATE)

My commission expires
(SEAL)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 27 1943

813-103-003-897

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104326

County of Bannock

City of Hatch

Registration District No. 2161

File No.

No. St.

Primary Registration District No. 84

Registered No.

Hospital

FULL NAME OF CHILD Leonard Hatch jr

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	8-3-22 19

FATHER	MOTHER
FULL NAME: Leonard Hatch	FULL MAIDEN NAME: Christine Higgensen
RESIDENCE: Hatch	RESIDENCE: Hatch
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Hatch	BIRTHPLACE: Hatch
OCCUPATION: Farmer	OCCUPATION: h w

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was b a (Born alive or stillborn), at 6 A M. on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address Bancroft

Filed 9-1-22 19

[signature] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-212-003-294

DOB Father's & Mo[illegible] names amended 10-15-92 MCM

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield

Registration District No. 2161 File No. 104327

No. ..... St.

Primary Registration District No. 84 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Baby~~ Johnson Josephine McRea

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	~~8-10~~ AUG 13, 1922

FATHER	MOTHER
FULL NAME ~~Fred~~ FREDERICK Johnson	FULL MAIDEN NAME ~~Stella~~ ANNIE ESTELLA Simons
RESIDENCE Chesterfield	RESIDENCE Chesterfield
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Richmond Utah	BIRTHPLACE Whitney Ida
OCCUPATION Farmer	OCCUPATION hw

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was b a (Born alive or stillborn), at 2:35 P M. on the date above stated.

(Signature) Walter Bach

Bancroft Ida
(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9-1-22 19.....

Walter Bach
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELF

RECEIVED
OCT 1 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, [illegible] 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: [illegible]
- Street: .....
- County: [illegible]

File Number: 104327

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: August 13 1922

Father: Fredrick Johnson
Full Name

Mother: Annie Estella Simons
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Josephine [illegible] Rea Johnson
Child's Name in Full

[illegible] Johnson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

9-18-92

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of _____
County of _____ } ss. OCT 6 11 30 AM '92

Certificate No. 104327
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Josephine MaRea Johnson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 12, 1922 (Date of Event)

in Chesterfield (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Date of birth	Aug 12, 1922	Aug 13, 1922
Father's name	Fred Johnson	Frederick Johnson
Mother's maiden name	Stella Simons	Annie Estella Simons

Subscribed and sworn to before me this 2nd day of Oct, 1992.

X Notary Public, _____
Residing at Logan
My commission expires _____
(Seal)

NOTARY PUBLIC
STATE OF UTAH
COMMISSION EXPIRES
AUG. 24, 1994

X Josephine M. Smith
Signature of Applicant

X156 W 1st N Smithfield, Ut. 84335
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

2cc BC

LDS blessing certificate shows Josephine MaRea Johnson born Aug 13, 1922 in Chesterfield to Fredrick Johnson and Estella Simons and blessed Nov 5, 1922 by C A Higginson. Viewed by VS.

OCT 1992

LDS temple recommend shows Josephine Ma Rea born Aug 13, 1922 in Chesterfield to Fredrick Johnson and Annie Estella Simons and issued Dec 31, 1941. Viewed by VS.

271-206.003-115

RECEIVED SEP 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—[illegible]-8-17

PLACE OF BIRTH

County of Bannock

City of Hawney

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 93 File No. 104328

Primary Registration District No. 2160 Registered No. .....

FULL NAME OF CHILD Delma Sparrow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		nps	4-6-1922

FATHER		MOTHER	
FULL NAME	W. L. Sparrow	FULL MAIDEN NAME	Mabel Jensen
RESIDENCE	Hawney Ida	RESIDENCE	Hawney
COLOR	no	COLOR	no
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Logan, Ill.	BIRTHPLACE	Mantaway Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartigsen

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hawney, Idaho

Filed 4-6-1922 H. J. Hartigsen Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED OCT 24 192 BUREAU STA

Place of Birth: City Downey; Street .....; County Bannock

File Number 104328

Registration Dist. No. .....

Sex of Child Female

Date of Birth April 6 1922

Father Willard L. Sparrow (Full Name)

Mother Mabel C. Jenkins (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Delma

Child's Name in Full

Mrs. Willard L. Sparrow

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

255-225-003-613

PLACE OF BIRTH

RECEIVED SEP 14 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104329

County of Bannock

City of Oxford

No. ..... St.

Hospital .....

Registration District No. 83 File No. .....

Primary Registration District No. 2160 Registered No. .....

FULL NAME OF CHILD Velma Kendall
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	9 (To be answered only in event of plural births)	yes	Feb 25 1922

What bactericidal solution was used in eyes? 1 % sol nitrate silver

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Owen Kendall	FULL MAIDEN NAME	Susan Walker
RESIDENCE	Oxford	RESIDENCE	Oxford Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Oxford Ida
OCCUPATION	Farmer	OCCUPATION	House keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 20 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. B. Holder
Physician
(Physician or midwife)

Address Weston Idaho

Filed Apr. 10, 1923 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 104329

Date Filed JAN 2 55 PM '74

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Kendall (female child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 25, 1922 (Date of Event)
in Oxford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on 7th May 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Velma Kendall

Subscribed and sworn to before me this 25th day of October, 1973

Jaron L. Haines

Notary Public, residing at Aberdeen

My commission expires 7-7-74

(Seal)

Signed Sarah E. Bright

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Preston, Idaho 83263

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of October, 1973

Jaron L. Haines

Notary Public, residing at Aberdeen

My commission expires 7-7-74

(Seal)

Signed Arnold Kendall

(Signature of Any Credible Person)

Aberdeen, Ida. 83210

(Street Address, City, State)

FORM DH 60-155 CL 4-6-65. nm

Certificate of Blessing from LDS Church gives name as Velma Kendall daughter of Owen E. and Susie Walker. Born Feb. 25, 1922 at Oxford, Idaho. Was Blessed May 7, 1922. Viewed by V. S.

FEB 11 1974

Certificate of Baptism and Confirmation from LDS Church gives name as Velma Kendall daughter of Owwen E. Kendall and Susan Walker. Born Feb. 25, 1922 was Baptized June 30, 1934. Viewed by V. S.

758-213-003-959

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Virginia

Registration District No. 83

File No. 104330

No. ..... St.

Primary Registration District No. 2160

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ramona Pehrson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	4 - 13 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Martin O Pehrson	FULL MAIDEN NAME	Ida Reisner
RESIDENCE	Virginia	RESIDENCE	Virginia
COLOR	no	COLOR	no
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Millville, Utah	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartigren, Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hawney, Idaho

Filed 4-13-1922 H. J. Hartigren Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 20 1943

255-115-003-389

RECEIVED SEP 14 1922 BUREAU OF VITAL STATISTICS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

Registration District No. 83

File No. 104331

Primary Registration District No. 2160

Registered No. .....

FULL NAME OF CHILD Dale Emory Bennett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	4 (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	George Bennett	FULL MAIDEN NAME	Millie Christensen
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Heserel, Utah	BIRTHPLACE	Richmond, Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey, Idaho

Filed 4-16-1922 [signature]

Registrar

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Downey

Street: .....

County: Bannock

File Number: 104331

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: April 15 192 2

Father: George Bennett (Full Name)

Mother: Millie Christensen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dale Emery Bennett (Child's Name in Full)

Millie Bennett (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

269-216-003-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Swan Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 8-17

Registration District No. 83

Primary Registration District No. 8160

File No. 104332

Registered No. .....

FULL NAME OF CHILD LOUISE SORENSEN

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	4 — 16 — 22

FATHER

FULL NAME P. C. SORENSEN

RESIDENCE Swan Lake, Ida.

COLOR W AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Denmark

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Cora Wirth

RESIDENCE Swan Lake,

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Lewiston Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:35 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Harrington

(Physician or midwife)

Address Downey, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-16-22 H. J. Harrington Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 104332

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Louise Sorensen (Name on Original Certificate) who Sept. 16 (Was Born or Died) on 1922 (Date of Event)
in Swan Lake Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on at Birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Louise Sorensen
Surname	Sorenson	Sorensen

Subscribed and sworn to before me this 14th
day of Sept., 1942
A. E. Fredricks
Notary Public, residing at Swan Lake
My commission expires 3/15/44
(Seal)

Signed Mrs P C Sorensen (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 18 1942

263-117-003-297

RECEIVED
SEP 14 1922
BURS... STATE ...

Form V. S. No. 11-C—[illegible]-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. R.F.H. St.

Hospital

Registration District No. 83

File No. 104333

Primary Registration District No. 2160

Registered No.

FULL NAME OF CHILD Mathias Wayne Koch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	4 17 1922

FATHER		MOTHER	
FULL NAME	M. B. Koch	FULL MAIDEN NAME	Gillian Biggs
RESIDENCE	Downey, Ida.	RESIDENCE	Downey, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Colorado	BIRTHPLACE	Fairview Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hostrigsen

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Downey Idaho

19

Registrar

Filed 4-17-1922 H. J. Hostrigsen Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ser.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Downey

Place of Birth — Street: .....

Place of Birth — County: Bannock

File Number: 104333

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: April 17 192 2

Father: Mathias B. Koch (Full Name)

Mother: Lillian Biggs Koch (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mathias Wayne Koch
Child's Name in Full

Mrs. Lillian B. Koch
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

614-121-003-249

RECEIVED
SEP 14 1922
BUR...

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Mawney

Registration District No. 83

File No. 104334

No. R. F. H. St.

Primary Registration District No. 2160

Registered No.

Hospital

FULL NAME OF CHILD Lewis William Waddoups

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	4 - 21 - 22

FATHER		MOTHER	
FULL NAME	William L. Waddoups	FULL MAIDEN NAME	Cora Burrup
RESIDENCE	Mawney, Idaho.	RESIDENCE	Mawney, Idaho.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Sewiston, Utah	BIRTHPLACE	Mawney, Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:52 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Hartrigsen

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Mawney, Idaho.

Registrar

Filed Apr. 21 1922 A. J. Hartrigsen Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
OCT 23
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Oct 21 192.2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Downey Idaho

Street:

County: Bannock

File Number: 104334

Registration Dist. No.: 48

Sex of Child: Male

Date of Birth: April 21 192.2

Father: Wm Lovell Haddoups (Full Name)

Mother: Cora Isabell Burrup (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lewis William Waddoups
Child's Name in Full

Mr & Mrs Wm L Waddoups
Signature of Father or Mother

APR 27 1946

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

365-127-003-212

RECEIVED

Form V. S. No. 11-C—25m-9-8-27

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland Ida.

Registration District No. 83

File No. 104336

No. ..... St.

Primary Registration District No. 2160

Registered No. .....

Hospital .....

FULL NAME OF CHILD Joseph Reed Condie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes;	Apr. 27, 1922

FATHER		MOTHER	
FULL NAME	Joseph Condie.	FULL MAIDEN NAME	Ida Baker.
RESIDENCE	Cleveland Ida.	RESIDENCE	Cleveland Ida.
COLOR	White. AGE AT LAST BIRTHDAY 53 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE	Croyden Utah.	BIRTHPLACE	Richfield Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Ida.

..... 19.....

Filed Jul 19 1922

H. J. Hartigan
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____ }

Certificate No. 104336

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death) for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event) in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Joseph	Joseph Reed Condie
Date	April 25th	April 27, 1922

Subscribed and sworn to before me this 7th day of July, 19 42

Arnold Bookman

Notary Public, residing at Malad, Idaho

My commission expires June 1946

(Seal)

Signed Ida B. Condie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of _____ }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of July, 19 42

Arnold Bookman

Notary Public, residing at Malad, Idaho

My commission expires June 1946

(Seal)

Signed H. Ward Thomas
(Signature of Any Credible Person Other Than Previous Year)

Malad, Idaho
(Street Address, City, State)

814-201-003-715

[redacted]

1-C—25m-9-8-17

PLACE OF BIRTH

SEP 1 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Swan Lake Ida.

Registration District No. 53

File No. 104337

No. ..... St.

Primary Registration District No. 2160

Registered No. .....

Hospital .....

FULL NAME OF CHILD Eva June.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	June (Month) 1 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Alma Hadley.	FULL MAIDEN NAME	Elizabeth Panting.
RESIDENCE	Swan Lake Ida.	RESIDENCE	Swan Lake Ida.
COLOR	White. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Brigham City, Utah.	BIRTHPLACE	Soda Springs Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 1:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Slates

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Preston Idaho.

Filed July 10, 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

DEC 3 1 1942

632-110-003-813

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Oxford

No. ..... St.

Registration District No. ~~2119~~ 83 File No. 104338

Hospital .....

Primary Registration District No. ~~29~~ 2160 Registered No. .....

FULL NAME OF CHILD Marion ~~Olsen~~ OLSON
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	June 10 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Earnest A. Olsen OLSON	FULL MAIDEN NAME	Clara A. Hatch
RESIDENCE	Oxford, Ida.	RESIDENCE	Oxford, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.

Physician
(Physician or Midwife)

Address Preston Idaho

Filed 7-10-1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock. } ss.

Certificate No. 104338

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marion Olsen (Name on Original Certificate) who Born (Was Born or Died) on June 10, 1922 (Date of Event)
in Oxford Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Olsen	Olson

Subscribed and sworn to before me this 25th
day of July, 1942

Notary Public, residing at Swan Lake

My commission expires 3/15/46
(Seal)

Signed Ernest Olson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Oxford Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed Walter Hatch
(Signature of Any Credible Person Other Than Previous Year)

Oxford Idaho
(Street Address, City, State)

JUL 29 1942

JUL 3 0 1942

255-215-003-251

PLACE OF BIRTH

RECEIVED SEP 14 1922 BUREAU

Amended 9/24/76

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock.

City of Cleveland Ida.

No. ..... St.

Hospital .....

Registration District No. 83

Primary Registration District No. 2160

File No. 104339

Registered No. .....

FULL NAME OF CHILD Elmyra Bennett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	June 13 1922

FATHER	MOTHER
FULL NAME: E. A. Bennett.	FULL MAIDEN NAME: Elva Seamons.
RESIDENCE: Cleveland Ida.	RESIDENCE: Cleveland Ida.
COLOR: White. AGE AT LAST BIRTHDAY 42 (Years)	COLOR: White. AGE AT LAST BIRTHDAY 42.99 (Years)
BIRTHPLACE: Gentile Valley Ida.	BIRTHPLACE: Hyde Park Utah.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 10:05A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston Ida.

Filed 7-10- 1922 H. J. Hortvigsen Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS 10 32 AM '76

State of ..... } ss. Certificate No. 104339

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Elmira Bennett (Name on Original Certificate) who was born (Was Born or Died) on June 15, 1922 (Date of Event)

in Cleveland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Elmira Bennett	Elmyra Bennett
date of birth	June 15, 1922	June 13, 1922

Subscribed and sworn to before me this 24 day of August 1976

Lima R Jepsen

Notary Public, residing at Preston, Idaho

My commission expires June 16, 1980

(Seal)

Signed Verla Bennett Baird Sister

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of August 1976

Lima R Jepsen

Notary Public, residing at Preston, Idaho

My commission expires June 16, 1980

(Seal)

Signed Verla Baird

(Signature of Any Credible Person)

Rt 2 Preston, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 6/21/74 lcc pd.

Family record gives nameas Elmyra Bennett born June 13, 1922 at Perry, Idaho Blessed June 22, 1922 and Baptized June 13, 1930. viewed by V. S.

SEP 24 1976

Insurance applicaton gives name as Elmyra B. Barid. born June 13, 1922 at Cleveland, Idaho. married. dated Oct 17, 1960. viewed by V. S.

862-130-003-168

Form V. S. No. 11-C—25m-3-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
SEP 14 1922

County of Bannock

City of Oxford

Registration District No. 83

File No. 10434/

No. ..... St.

Primary Registration District No. 2160

Registered No. .....

Hospital .....

FULL NAME OF CHILD Albert Newton Hobson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		Yes.	June 30 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert Hobson.	FULL MAIDEN NAME	Hazel Johnson.
RESIDENCE	Oxford Ida.	RESIDENCE	Oxford Ida.
COLOR	White. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Oxford Ida.	BIRTHPLACE	Salt Lake City, Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Slates

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida.

Filed 7-10-1922 H. J. Hartvigsen Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

TY A CERT
SAM

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oxford

Street:

County: Bannock

File Number: 104341

Registration Dist. No.: Oxford

Sex of Child: Male

Date of Birth: June 30 to 1922

Father: Herbert Eugene Holson (Full Name)

Mother: Hazel Lillian Johnson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Albert Newton Holson

Child's Name in Full

Mrs. Hazel Holson

Signature of Father or Mother

legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-105-003-652

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Swan Lake

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 104342

Registered No. .....

FULL NAME OF CHILD Leo John Burrup

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	5 (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John L. Burrup	FULL MAIDEN NAME	Elva West
RESIDENCE	Swan Lake	RESIDENCE	Swan Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	58 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Downey, Idaho	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d

Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:20 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Shircliff MD

Physician (Physician or midwife)

Address Downey Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-19 1922

[illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Swan Lake Idaho

Street: .....

County: Bannock

File Number: 104342

Registration Dist. No. .....

Date of Birth: May 6 .....192.2

Sex of Child: Male

Father: John Lowell Burrup (Full Name)

Mother: Elva Julia West (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Leo John Burrup (Child's Name in Full)

Mrs. John L. Burrup (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

219-219-003-855

PLACE OF BIRTH

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-8-5-17

County of Bonneville

City of Downey

Registration District No. 83

File No. 104343

No. ..... St.

Primary Registration District No. 2160

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Baby~~ Barnes Glenys Ilean

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	5 (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Warren Barnes	FULL MAIDEN NAME	Lettie Henderson
RESIDENCE	Downey, Ida	RESIDENCE	Downey, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Downey, Idaho	BIRTHPLACE	Swan Lake, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.00 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Shircliff MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Downey, Idaho

Filed 7-10-1922 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
OCT 28 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Downey
- Street: .....
- County: Bannock

File Number: 104343

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 19 1922

Father: Warren Ogden Barnes
Full Name

Mother: Lettie Glean Henderson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Glenys Glean Barnes,
Child's Name in Full

Lettie Glean Barnes
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

415-128-003-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Sim-8-8-17

County of Bonneck

City of Virginia

Registration District No. 53

File No. 104314

No. ..... St.

Primary Registration District No. 2160

Registered No. .....

Hospital .....

FULL NAME OF CHILD Edwin Reese Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	5 (Month) 28 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Edwin Franklin Davis	FULL MAIDEN NAME	Pearl Ware
RESIDENCE	Virginia Ida	RESIDENCE	Virginia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Brigam Utah	BIRTHPLACE	Downey, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Shircliff, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 7-10-1922

[illegible] Registrar

Registrar

RECEIVED
JAN 9 1929
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Virginia

Street: .....

County: Bannock

File Number: 104344

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: May 28 192 2

Father: Edwin Franklin Davis (Full Name)

Mother: Pearl R. Ware (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Edwin Reese Davis (Child's Name in Full)

Pearl R. Davis (Signature of Father or Mother)

MAR 28 1944

JAN 29 1975

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

695-220-003-437

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 83

Primary Registration District No. 2160

File No. 104345

Registered No. .....

FULL NAME OF CHILD Carol Janice Wingreen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	6 (Month) 20 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Hermon John Wingreen	FULL MAIDEN NAME	Rhoda Elizabeth McCleery
RESIDENCE	Downey Ida	RESIDENCE	Downey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Union Utah	BIRTHPLACE	Preston, Ida
OCCUPATION	Chauffeur	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ewshi Cliff MD

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 7-10-1922

[signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 22-362197

255-127-003-993

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

County of Bannock

City of Virginia

Registration District No. 83

File No. 104346

No. ..... St.

Primary Registration District No. 2160

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lhas R. Bennett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6 27 22

FATHER		MOTHER	
FULL NAME	Ralph Edmund Bennett	FULL MAIDEN NAME	Mary Grace Richardson
RESIDENCE	Virginia Ida	RESIDENCE	Virginia Ida
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kaysville, Utah	BIRTHPLACE	Moorland, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Shirley, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mawney Idaho

Registrar

Filed 7-10-1922 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-210-003-795

RECEIVED
[illegible] 1922
[illegible]

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of McCammon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 83

Primary Registration District No. 2160

File No. 104347

Registered No. .....

FULL NAME OF CHILD Boby Robins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	7 10 1922

FATHER		FATHER	
FULL NAME	Orson B. Robbins	FULL MAIDEN NAME	Arm[illegible] Green
RESIDENCE	McCammon	RESIDENCE	McC[illegible]ommon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Loy Ch. U.	BIRTHPLACE	McCammon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.00 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E[illegible]ber Clift

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Mawney, Idaho

Filed 7-10-1922 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-110-003-792

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Downey

Name added 5-7-79

No. ..... St.

Hospital .....

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

104348

Registration District No. 83

File No. .....

Primary Registration District No. 2160

Registered No. .....

FULL NAME OF CHILD GLADE WILLIAM McCRARY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	7 10 22

FATHER		MOTHER	
FULL NAME	John C. McCrary	FULL MAIDEN NAME	Cecile Gibbs
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Portage U.	BIRTHPLACE	Portage U.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Shirley Clifford

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Idaho

Filed 7-10-1922

Registrar

Registrar

K

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 15 4 04 PM '79

State of Idaho
County of Bonneville } ss.

Certificate No. 104348
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed McCrary (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 10, 1922 (Date of Event)
in Downey (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed McCrary	Glade William McCrary

Subscribed and sworn to before me this 13 day of March, 1979.
Notary Public, Mary L. Wallin
Residing at Idaho Falls Id.
My commission expires 12-20-80
(Seal)

Glade McCrary
Signature of Applicant
Montevue, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of March, 1979.
Notary Public, Mary L. Wallin
Residing at Idaho Falls Id.
My commission expires 12-20-80
(Seal)

David E McCray
Supporting Signature
534 North Dawning apt 37
Street Address, City, State
Idaho Falls, Idaho

2-20-79

MAY 7 1979

Certificate of Baptism and confirmation dated July 16, 1933 gives: Glde William McCrary son of John McCrary and Cecil Gibbs born July 10, 1922 at Downey, Idaho, baptized July 16, 1933 by Wm. F. Burtenshaw, Elder, Osgood Ward--viewed by VS

Own child's birth certificate for Sherrill McCrary born July 23, 1946 in Rigby, Idaho, State File #424115 gives father as Glade W. McCrary, age 24, in Downing, Idaho--viewed by VS

813.126.003-395

PLACE OF BIRTH

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—[illegible]-8-17

County of Bannock

City of Robin

No. ..... St.

Hospital .....

Registration District No. 83

Primary Registration District No. 2160

104349

File No. .....

Registered No. .....

FULL NAME OF CHILD Ralph Hatch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	7 - 26 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. M. Hatch,	FULL MAIDEN NAME	Sola Lindsey
RESIDENCE	Robin, Ida.	RESIDENCE	Robin Ida
COLOR	white	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Vernal Utah	BIRTHPLACE	Paris, Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1205 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mawney, Idaho

Filed 7-26-1922

H. J. Hartvigsen
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, [redacted] 192.2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Robin

Street:

County: Bannock

File Number: 104349

Registration Dist. No.:

Date of Birth: July 26 1922

Sex of Child: Male

Father: Abram M. Mann (Full Name)

Mother: Lola Lindsay (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ralph (Child's Name in Full)

Lola Mann (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

219-226-003-793

RECEIVED
SEP 14 1922
BUREAU OF VITAL

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—[illegible]

County of Bannock

City of Arimo

No. ..... St.

Hospital .....

Registration District No. 83

Primary Registration District No. 2160

File No. 104350

Registered No. .....

FULL NAME OF CHILD Lavon Barber

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	O. J. Barber	FULL MAIDEN NAME	Ida S. Gill
RESIDENCE	Arimo, Ida.	RESIDENCE	Arimo, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Davenport Iowa	BIRTHPLACE	Weston Ida
OCCUPATION	Farmer & Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. J. Hartvigsen (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Idaho

Filed 7-26 1922 H. J. Hartvigsen Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED OCT 18 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Oct. 19, 1923

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pumo

Street:

County: Bannock

File Number: 104350

Registration Dist. No.:

Date of Birth: July 26, 1923

Sex of Child: Female

Father: Ora John Barber (Full Name)

Mother: Ella Louise Gill (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lavon Barber
Child's Name in Full

Mrs Ella Barber
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 021-469

BIRTH

Franklyn

County of ~~Bannock~~ Pa

City of ~~Downey~~

No. ..... St.

Hospital .....

RECEIVED SEP 14 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 83 File No. 104352

Primary Registration District No. 2160 Registered No. .....

FULL NAME OF CHILD Thora May Bowman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	May 23 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Frank Bowman	FULL MAIDEN NAME	Ethel Morrison
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	London England
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn), at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.

Physician (Physician or midwife)

Address Preston Ida

Filed Aug 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

[redacted]

- Dep of 1922-101188

NOT

759109 - [redacted] 813

PLACE [redacted]

RECEIVED SEP 14 192[illegible] BUREAU [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock.

City of Cleveland Ida.

No. ..... St.

Hospital .....

Registration District No. 83 File No. 104353

Primary Registration District No. 2160 Registered No. .....

FULL NAME OF CHILD Mortimer. Perry
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		Yes.	July 9 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Henry R. Perry.	FULL MAIDEN NAME	Ellenor Yates.
RESIDENCE	Cleveland Ida.	RESIDENCE	Cleveland Ida.
COLOR	White. AGE AT LAST BIRTHDAY 44 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Logan Utah.	BIRTHPLACE	Bradford England.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Stales

Physician
(Physician or midwife)

Address Preston, Idaho.

Give names added from a supplemental report.

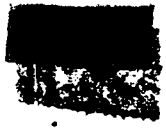
....., 19....

..... Registrar.

Filed 8-3-1923 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DEC 1 1948

813-210-003-268

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104354

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bannock.

City of Oxford Ida.

No. ..... St.

Hospital .....

Registration District No. 83 File No. .....

Primary Registration District No. 3160 Registered No. .....

FULL NAME OF CHILD Margaret. Hatch

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	July 10 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Elmer Hatch.	FULL MAIDEN NAME: Ruby Boyce.
RESIDENCE: Oxford Ida.	RESIDENCE: Oxford Ida.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Oxford Ida.	BIRTHPLACE: Oxford Ida.
OCCUPATION: Farmer- Laborer.	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 3:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) G. W. States

Physician
(Physician or midwife)

Address Preston, Ida.

Filed 8 - 3 - 1922 H. J. Hastergreen
Registrar.

MAY 14 1973

995-22-004

PLACE OF BIRTH [redacted] REC'D SEP 13 19[illegible] BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

Registration District No. 53

File No. 104355

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Roy Price Ringel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 22 1922

FATHER	MOTHER
FULL NAME Frederick L. Ringel	FULL MAIDEN NAME Lottie Price
RESIDENCE Paris Idaho	RESIDENCE Paris Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 1/20 a. M. on the date above stated.

(Signature) C. O. Moore M.D.

(Physician or midwife)

Address Paris Idaho

Filed Sept 2 1922 Mrs. J. S. Skinner

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

353-222-2004-389

Amended 4-2-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 104356
Local Reg. No.
Reg. Dist. No. 53

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bloomington
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bloomington
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Elma
b. (Middle):
c. (Last): Nelson

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Aug. (Day) 22, (Year) 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Lovern
b. (Middle): Nels
c. (Last): Nelson

8. AGE (At time of this birth): 30 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Eudora
b. (Middle):
c. (Last): Christensen

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. O. Moore, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 2, 1922

22. REGISTRAR'S SIGNATURE: Mrs. J.S. Skinner

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

LENGTH OF PREGNANCY | WEIGHT AT BIRTH | Was a standard serological test for syphilis ...

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 18 1965
Bureau of Vital Statistics

State of Idaho
County of Bear Lake } ss.

Certificate No. 104356

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Nelson (female child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 22, 1922 (Date of Event)
in Bloomington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Elma Nelson
Full Name of Father	Lovern Nelson	LoVern Nelse Nelson
Full Maiden Name of Mother	Erdora Christensen	EuDora Thressa Christensen

Subscribed and sworn to before me this 26th day of February, 1965.
Amos B. Hulme, Clerk
Notary Public, residing at Paris Idaho
My commission expires Jan 1967
(Seal)

Signed Alfred B. Hart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Bloomington, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of February, 1965.
Amos B. Hulme, Clerk
Notary Public, residing at Paris, Idaho
My commission expires Jan 1967
(Seal)

Signed Paul J. Schaddock
(Signature of Any Credible Person)
Bloomington, Idaho
(Street Address, City, State)

FORM DH 60-195 CL 10-5-64. mm one copy pd. rec. #11532.

L D.S. Church Ed Record of Membership, blessed Oct. 1,1922, baptized and Confirmed Sept. 11 and 14, 1930 gives full name as Elma Nelson Krogue, born Aug. 22, 1922 at Bloomington, Idaho - viewed by V.S.

L.D.S. Church Cert. of Blessing, Oct. 1, 1922 gives full name as Elma Nelson, daughter of Lavern and Eudora Christensen, born Aug. 22, 1922 at Bloomington, Idaho - viewed by V S

Grammar Grade Certificate, Public Schools of Idaho, Bear Lake County, June 1, 1912 gives full name as Eudora Christensen - viewed by V.S.

L.D.S. Church Cert. of Ordination to the Holy Priethood as a Priest, March 21, 1916 ~~gib~~ gives full name as Lovern Nels Nelson, born Sept. 27, 1892 at Bloomington, Idaho- viewed by V.S.

Cert. No. 63, dated Bloomington, Ida., Dec. 27, 1909 states that Geo. H. Thorrock ordained Lovern Nels Nelson a Deacon - viewed by V.S.

Family Records appear old and unaltered give parents names as EuDora Thressa Christensen and Lovern Nels Nelson - viewed by V.S.

sufficient documents for adding parents names as
Lovern Nels Nelson and Eudora Christensen -

619-108-004-712

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No. _____ St.

Hospital _____

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104357

Registration District No. 53 File No. 102

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Scott Page Ward

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		Yes	Aug. 8 1922

FATHER	MOTHER
FULL NAME Peter E. Ward	FULL MAIDEN NAME Ida Ann Passey
RESIDENCE Bloomington Idaho	RESIDENCE Bloomington Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

(Signature) C. O. Moore M. D.

(Physician or midwife)

Address Paris Idaho

Filed Sept 2 1922 Mrs. J. S. Skinner Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

5-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERM. . . RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bloomington Idaho

Street: .....

County: Bear Lake

File Number: 104357

Registration Dist. No.: .....

Sex of Child: Male

Date of Birth: August 8th 192.2

Father: Peter Erastus Ward (Full Name)

Mother: Ida Ann Passey (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Scott Rayo Ward
Child's Name in Full

Ida O. Ward.
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

229-202-004-613

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 53

File No. 104358

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Helen Venus Skinner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Sept 2 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Karl S Skinner	Venus Mary Gallantine Skinner
RESIDENCE	Nounan	Nounan Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	22
BIRTHPLACE	Idaho	Idaho
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:20 A. M. on the date above stated.

(Signature) C C Moore M D

(Physician or midwife)

Address _____

Filed Sept 8 1922 Mrs J S Skinner
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 38071

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PRESERVED FOR BINDING

MAY 25 1942

FEB 10 1943

235-102-004-445

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 1[illegible] 1922

104359

County of Bear Lake

City of Bloomington

Registration District No. 63

File No. 106

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Calvin James Stevens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 2 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rayford Rosel Stevens	Verona May Dunford
RESIDENCE	Bloomington Idaho	Bloomington Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.15A M. on the date above stated.

(Signature) C. O. Moore M. D

(Physician or midwife)

Address _____

Filed Sept 8 1922 Mrs. J. S. Skinner
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 18 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JAN 29 4 24 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 104359

County of Bear Lake } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Stevens (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 2, 1922 (Date of Event)

in Bloomington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Church (Bible Record, Insurance Policy, Etc.) prepared on Nov 5, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omitted	Calvin James Stevens

Subscribed and sworn to before me this 23 day of January, 1973

Byron P. Cammack

Notary Public, residing at Montpelier Idaho

My commission expires March 1-1973

(Seal)

Signed Vegona D. Stevens Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

421 So 7th Montpelier Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of January, 1973

Byron P. Cammack

Notary Public, residing at Montpelier Idaho

My commission expires March 1-1973

(Seal)

Signed Noel D. Stewart

(Signature of Any Credible Person)

421 So 7th

(Street Address, City, State)

FORM DH 60-155 CL 1/18/73 RUSH!!

Certificate of Blessing from LDS Church gives name as Calvin James Stevens son of Rayford Stevens and Verona M. Dunford born Sept. 2, 1922. Was Blessed Nov. 5, 1922. Viewed by V. S.

FEB 1 1973

Certificate of Membership to the LDS Church gives name as Stevens, Calvin James. Born Sept. 2, 1922. Was Blessed Nov. 5, 1922 and Baptized Sept. 11, 1930. Viewed by V. S.

844-103-004-395

PLACE OF BIRTH

RECEIVED
SEP 1 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

Registration District No. 5-3

File No. 104360

No. ____ St.

Primary Registration District No. ____

Registered No. ____

Hospital ____

FULL NAME OF CHILD Leslie John Humpherys

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 3 1922

FATHER		MOTHER	
FULL NAME	John Henry Humpherys	FULL MAIDEN NAME	Maude Sophia Lindsay
RESIDENCE	Paris Idaho	RESIDENCE	Paris Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive - Premature about 7 months at 6.45 a M. on the date above stated.
(Born alive or stillborn)

(Signature) O. O. Moore M. D.

(Physician or midwife)

Address ____

Filed Sept 9 1922 Mrs. J. S. Stevenson
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

5-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-126-004-249

PLACE OF BIRTH

Name Added 4/4/79

County of Bear Lake

City of Fish Haven

No. ..... St.

Hospital .....

RECEIVED OCT 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104361

Registration District No. 53 File No. 112

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Dewain Smith Thornock
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 26 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ervin Blaine Thornock	FULL MAIDEN NAME	Hettie Annie Smith
RESIDENCE	Fish Haven Idaho	RESIDENCE	Fish Haven Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Moore M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address .....

Filed Sept 22 192.. Mrs J. S. Skinner Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS NOT A

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Boise } ss.
County of Ada }

Certificate No. 104361

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Thornock (Name on Original Certificate) who was born (Was Born or Died) on Sept. 26, 1922 (Date of Event)
in Fish Haven (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Dewain Smith Thornock

Subscribed and sworn to before me this 4th day of April, 1979.

Glenda Mae Farr

Notary Public, residing at Boise, Idaho

My commission expires Lifetime

(Seal)

× Signed Dewain S. Thornock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

× Rockford Wash.,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Correction corresp. 3-31-78 nm

APR - 4 1979

Marriage license and certificate, State of Idaho, Franklin County for Dewain Smith Thornock and Mary Anna Jensen. Married on December 1, 1942. County File #66870 -- viewed by VS.

Insurance Policy, American National Insurance Company, Galveston, TX Policy #05105183, issued April 28, 1971 for Dewain Smith Thornock, born September 26, 1922, Idaho.--viewed by VS.

034-215-004-344

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104362

County of Bear Lake

City of Paris

No. ..... St.

Registration District No. 53 File No. 110

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Vivian Stucki
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				Yes	Sept 15 1922

What bactericidal solution was used in eyes? Argyrol - 10 %

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	William B Stucki	FULL MAIDEN NAME	Millie Mary Ludlum
RESIDENCE	Paris Idaho	RESIDENCE	Paris Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1130 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C O Moore M.D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Sept 22 1922 Mrs. J. S. Skinner Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-118-1004-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

No. ..... St.

RECEIVED OCT 5 BUREAU OF VITAL STATISTICS

Registration District No. 53 File No. 104363

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Leonard Herbert Krogue
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 18 1922

What bactericidal solution was used in eyes? Argyrol - 10%

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Nels Louis Krogue	FULL MAIDEN NAME Ivy Bateman
RESIDENCE Bloomington, Idaho	RESIDENCE Bloomington Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 50 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Moore M. D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Sept 22 1922 Mrs. J. L. Skinner Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 29 1964

386-106-004-351

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

Registration District No. 53

File No. 104364 108

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Ned William Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 6 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Andrew Thompson	FULL MAIDEN NAME	LaDella Isabelle Leavett
RESIDENCE	Bloomington Idaho	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10,45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C O Moore M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Paris Idaho

Filed Sept 22 1922 Mrs J. S. Skinner Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF IDAHO

ARTMENT OF WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Bloomington Idaho
- Street: .....
- County: Bear Lake

File Number: 104364

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Sep 6 1924

Father: Joseph Andrew Thompson
Full Name

Mother: LaDella Isabell Leavitt
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ned William Thompson
Child's Name in Full

[illegible] Thompson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

263-113-004-683 name added 8-16-85 dl

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104365

County of Bear Lake

City of Paris

No. ..... St.

Registration District No. 52 File No. 109

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Walter LeRoy Bolton

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 13 1922

What bactericidal solution was used in eyes? Argyrol - 10 %

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME David Leroy Bolton	FULL MAIDEN NAME Edna Levere Wyler
RESIDENCE Paris Idaho	RESIDENCE Paris Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **, at** 11.15 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O Moore M. D.

(Physician or midwife)

Address .....

Filed Sept 22 1922 Mrs. J. A. Skinner Registrar.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIF
[illegible] FILED FOR EACH CHILD AND THE SAME COM

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Paris

Street:

County: Bear Lake

File Number: 104365

Registration Dist. No.:

Date of Birth: Sept. 13 192.2

Sex of Child: Male

Father: David LeRoy Bolton
Full Name

Mother: Edna Wyler Bolton
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Walter LeRoy Bolton
Child's Name in Full

Mrs. Edna Bolton
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

5-16-85

RECEIVED
AUG 13 1985

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Calif
County of Riverside } ss.

Certificate No. 104365
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bolton (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 13, 1922 (Date of Event)

in Paris (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Walter LeRoy Bolton

OFFICIAL SEAL
ANNETTE M. ANDERSON
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
RIVERSIDE COUNTY
My Commission Expires Jan 2, 1988

Subscribed and sworn to before me this 12 day of
May, 19 85.

Notary Public, Annette M Anderson
Residing at 12311 Cobblestone Cir, Riverside Ca
My commission expires 1-2-88
(Seal)

x Walter L. Bolton
Signature of Applicant

x 1919 W. 1st St. Provo, Calif
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Family Bible lists Walter LeRoy Bolton born Sept 13, 1922 .
Obviously old record. Viewed by V.S.

AUG 16 1985

Blessing record lists Walter LeRoy Bolton born Sept 13, 1922
was blessed in LDS Church on Oct 1, 1922. Viewed by V.S.

769-227-005-769

[redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

SEP 13 1922
BUREAU OF VITAL STATISTICS

County of Benewah

CERTIFICATE OF BIRTH

~~City of~~ P.O. Tuffrey

Registration District No. 32 File No. 104366

~~No.~~ Benewah Cr ~~St.~~

Primary Registration District No. 2040 Registered No. 58

~~Hospital~~

FULL NAME OF CHILD Estalene ~~[illegible]~~ Lorraine Gordon.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	\		\	yes.	July (Month) 27 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jacob Gordon	FULL MAIDEN NAME	Anna Gordon
RESIDENCE	Tuffrey	RESIDENCE	Tuffrey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Penn	BIRTHPLACE	Penn
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Kirschwing M.D.
Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address St. Maries Idaho

Filed 9-8 1922 Osmunger
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 1943

239-108-005-314

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

County of Benewah

City of Near Pedee

No. ..... St. Registration District No. 32 File No. 104367

Hospital ..... Primary Registration District No. 2049 Registered No. 61

FULL NAME OF CHILD Robin Leray Stratton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	—		—	Yes	8	8	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol - 10%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clarence A. Stratton	FULL MAIDEN NAME	Caryl Sarah Campbell
RESIDENCE	Pedee, Idaho	RESIDENCE	Pedee, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Michigan
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 45 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Robins
Physician
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address St Maries Ida

Filed 9-8 1922 O Seemroger
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-213-005-485

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 13 1922
BUREAU OF VITAL STATISTICS

County of Benewah

City of St Maries — Registration District No. 32 — File No. 104368

No. ____ St.

Primary Registration District No. 2049 — Registered No. 62

Hospital ____

FULL NAME OF CHILD Dorothy Fern Mongold

Sex of Child: female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth: Aug 13 (Month) (Day) 1922 (Year)

FATHER

FULL NAME: Robert W Mongold

RESIDENCE: St Maries

COLOR: White — AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Ohio Washington Court House

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Fern Myers

RESIDENCE: St Maries

COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Decatur, Ind

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P M. on the date above stated.

(Signature) C B Smith MD

Physician (Physician or midwife)

Address St Maries Ida

Filed 9-8 1922 — Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

394-218 005 599

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH 104369

Registration District No. 32 File No. .....

Primary Registration District No. 2049 Registered No. 63

FULL NAME OF CHILD Ruth Lillian Truen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		4	yes	8-18-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Prolargol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Andrew Truen	FULL MAIDEN NAME	Karen Erickson
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Mill Man	OCCUPATION	Hodsewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Plant

Physician
(Physician or midwife)

Give names added from a supplemental report.

..... 192....

.....
Registrar.

Address St Maries, Ida

Filed 9-7 1922 O Seminager
Registrar.

AUG 2 5 1954

OCT 1 3 1954

691-221-005-365

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104370

County of Benewah
City of St. Maries
No. 12 & College St.
Registration District No. 32
File No.
Hospital 4
Primary Registration District No. 2049 1
Registered No. 64

FULL NAME OF CHILD Fern Virginia Trail
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female				Yes	8	21	1

What bacteriocidal solution was used in eyes? Argyrol 1-10 a/c

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

	FATHER	MOTHER
FULL NAME	Wm Robert Trail	Myrtle Augusta Cou
RESIDENCE	St. Maries, Ida	St. Maries, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	
BIRTHPLACE	Nova Scotia	Nova Scotia
OCCUPATION	Engineer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Robins
Physician
Address St Maries Ida

Filed 9-8 1922 Registrar.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 18 1944

DEC 14 1943

791.122 005-717

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104371

County of Benewah
City of St Maries
No. St.
Hospital
Registration District No. 32
Primary Registration District No. 2049
File No.
Registered No. 65

FULL NAME OF CHILD John C Frampietri
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	Yes	8 22 22

What bactericidal solution was used in eyes? Prolargol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Sam. Frampietro	FULL MAIDEN NAME Katherine Capaoli
RESIDENCE	St Maries Ida	RESIDENCE St Maries Ida
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	Italy	Italy
OCCUPATION	Mill man	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn), at 9 25 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) O.D. Platt
Physician
(Physician or midwife)

Address St Maries Ida

Filed 9-8 1922 [signature]
Registrar.

dup 061922-264591

793-224-005-562

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

County of Benewah.

City of St Maries

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

104372

Registration District No. 32 File No. .....

Primary Registration District No. 2049 Registered No. 66

FULL NAME OF CHILD Mildred Irene Gillie
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
F	—		3	Yes	8	24	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Prolonged

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Rufus Gillie	FULL MAIDEN NAME	Armenta Noble
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Minn	BIRTHPLACE	Wash
OCCUPATION	Printer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:30 P.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

Physician
(Physician or midwife)

Address St Maries Ida

Filed 9-7 1922 D Meeager
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

K

113-125-005-314

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Registrar's No. 32 File No. 104373

Hospital ..... Primary Registration District No. 2049 Registered No. 67

FULL NAME OF CHILD Warren Donald Jackson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		2	Yes	8-25-22

What bacteriolal solution was used in eyes? Protargol 20%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Dick Jackson	FULL MAIDEN NAME Mary Cadzow
RESIDENCE	St Maries Ida	RESIDENCE St Maries Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years) 22
BIRTHPLACE	Iowa	BIRTHPLACE New York East Tonawanda
OCCUPATION	Mill Man	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Platt

Physician

(Physician or midwife)

Address St Maries Ida

Filed 9-7 1922 Registrar.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

N. B.—In case of more than one, and the ...

597-229-005-231

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDA[redacted]
DEPARTMENT OF PUBL[redacted]
BUREAU OF VITAL ST[redacted]

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Registration District No. 32 File No. 104374

Hospital ..... Primary Registration District No. 2049 Registered No. 68

FULL NAME OF CHILD ~~[illegible]~~ Virginia Vigue

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		12	Yes	8 29 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Protargol

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Fred Vigue	FULL MAIDEN NAME	May Slavick
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Wis	BIRTHPLACE	Mich
OCCUPATION	Woodsman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born~~ alive, at 11.50 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Platt

Physician

(Physician or midwife)

Address St Maries Ida

Filed 9-7 1922 Osmunagel

Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

495-129.005-451

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah
City of St. Maries
No. ..... St.
Hospital St. Maries

Registration District No. 32 File No. 104375
Primary Registration District No. 2040 Registered No. 69

FULL NAME OF CHILD Larrabee Ruskin Miesen, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Aug. 29 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol - 10 %

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Larrabee Ruskin Miesen	FULL MAIDEN NAME	Violet Jean Meader
RESIDENCE	St. Joe, Idaho	RESIDENCE	St. Joe, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Missouri	BIRTHPLACE	Montana
OCCUPATION	Lumber Grader	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Robins
Physician
(Physician ~~or midwife~~)

Address St Maries Ida

Filed 9-8 1922 O Munger
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-219-005-814

PLACE OF BIRTH

Amended 5/24/76

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

RECEIVED
SEP 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Near Plummer

Registration District No. 46

File No. 104376

No. ____ St.

Primary Registration District No. 2123

Registered No. 7

Hospital ____

FULL NAME OF CHILD Anna Bell McCartney

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	April 19 1922

FATHER		MOTHER	
FULL NAME	John McCartney	FULL MAIDEN NAME	Edith Harvey
RESIDENCE	near Plummer	RESIDENCE	near Plummer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John McCartney

(P[redacted]) Father

Address ____

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed June 14 19 22 Registrar

5-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 0 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 14 12 45 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 104376

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Annie Bell McCartney (Name on Original Certificate) who was born (Was Born or Died) on April 19, 1922 (Date of Event)

in Near Plummer (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Annie	Anna

Subscribed and sworn to before me this 13 day of May, 1976

James Ellicum

Notary Public, residing at Plummer

My commission expires Oct 24, 1977

(Seal)

Signed Hazel Helen Adams oldest sister

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 771 Pinehurst Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Benewah

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of May, 1976

James Ellicum

Notary Public, residing at Plummer

My commission expires Oct 24, 1977

(Seal)

Signed Irvin M Harvey Uncle

(Signature of Any Credible Person)

Coeur D Alene Idaho

(Street Address, City, State)

FORM DH 60-155

1 copy paid rec.#11416 CL sent 4/30/76

School record from Plummer High schoo, Plummer, Idah gives nameas Anna Bell McCartney. signed by William J. Lowry. viewed by V. S.

Deaconess Hospital, Spokane, Washington , a letter from Medical record states that Mrs. Anna Bell Hirschel was patient in Jan 31, 1971. birthdate as April 19, 1922 . viwed by V. S.

MAY 25 1976

643-206-005-249

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Plummer, Idaho

Registration District No. ~~30~~ 46 File No. 104377

No. ..... St.

Primary Registration District No. ~~1030~~ 2123 Registered No. 8

Hospital .....

FULL NAME OF CHILD Irene Fuller.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William M. Fuller.	FULL MAIDEN NAME	Myrtle Smith
RESIDENCE	Plummer, Idaho.	RESIDENCE	Plummer, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	New York State	BIRTHPLACE	Kansas.
OCCUPATION	Farmer.	OCCUPATION	Home Wife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 1:15 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Herrington, Jr. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Worley, Idaho

Filed July 11 1922 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 7 1943

APR 2 6 1944

238-208-005-769

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Plummer

Registration District No. 46

File No. 104378

No. ____ St.

Primary Registration District No. 2123

Registered No. 9

Hospital ____

FULL NAME OF CHILD Marjorie Arlaine Schmidt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 8 1922

FATHER		MOTHER	
FULL NAME	William F. Schmidt	FULL MAIDEN NAME	Ruth E. Gordon
RESIDENCE	Plummer, Idaho	RESIDENCE	Plummer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	N. Dakota
OCCUPATION	Lumberman	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 3:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington M.D.

(Physician or midwife)

Address Worley, Idaho

Given names added from a supplemental report.

July 11 1922

Registrar

Filed July 11 1922

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 1941

APR 18 1968

493-217-005-634

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

SEP 22

CERTIFICATE OF BIRTH

County of Benewah

City of Near Plummer

Registration District No. 46 File No. 104379

No. ..... St.

Primary Registration District No. [illegible], Registered No. 10

Hospital .....

FULL NAME OF CHILD Lora Mae Miller

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		—	yes	June 17 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred C Miller	FULL MAIDEN NAME	Lola Olmstead
RESIDENCE	Benewah Co	RESIDENCE	Near Plummer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Wis.
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Nelson
Tekoa Wn.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed July 20 1922

[illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1968

859-214-005-666

PLACE OF BIRTH

County of Benewah

City of Plummer

No. ..... St.

Hospital .....

RECEIVED SEP 22

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 46 File No. 104380

Primary Registration District No. 2123 Registered No. 11

FULL NAME OF CHILD Velma Louise Hufford

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)		5	Yes	July 14 1922

FATHER	MOTHER
FULL NAME Benjamin Hufford	FULL MAIDEN NAME Goldie Woods
RESIDENCE Plummer Idaho	RESIDENCE Plummer Idaho
COLOR White AGE AT LAST BIRTHDAY 33 (Years)	COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Mo	BIRTHPLACE Mo. Princeton
OCCUPATION Laborer	OCCUPATION House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was July 14 (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. B. Telzin

(Physician or midwife)

Address Tekoa Wash

Given names added from a supplemental report.

July 20 1922

Registrar

Filed July 20 1922

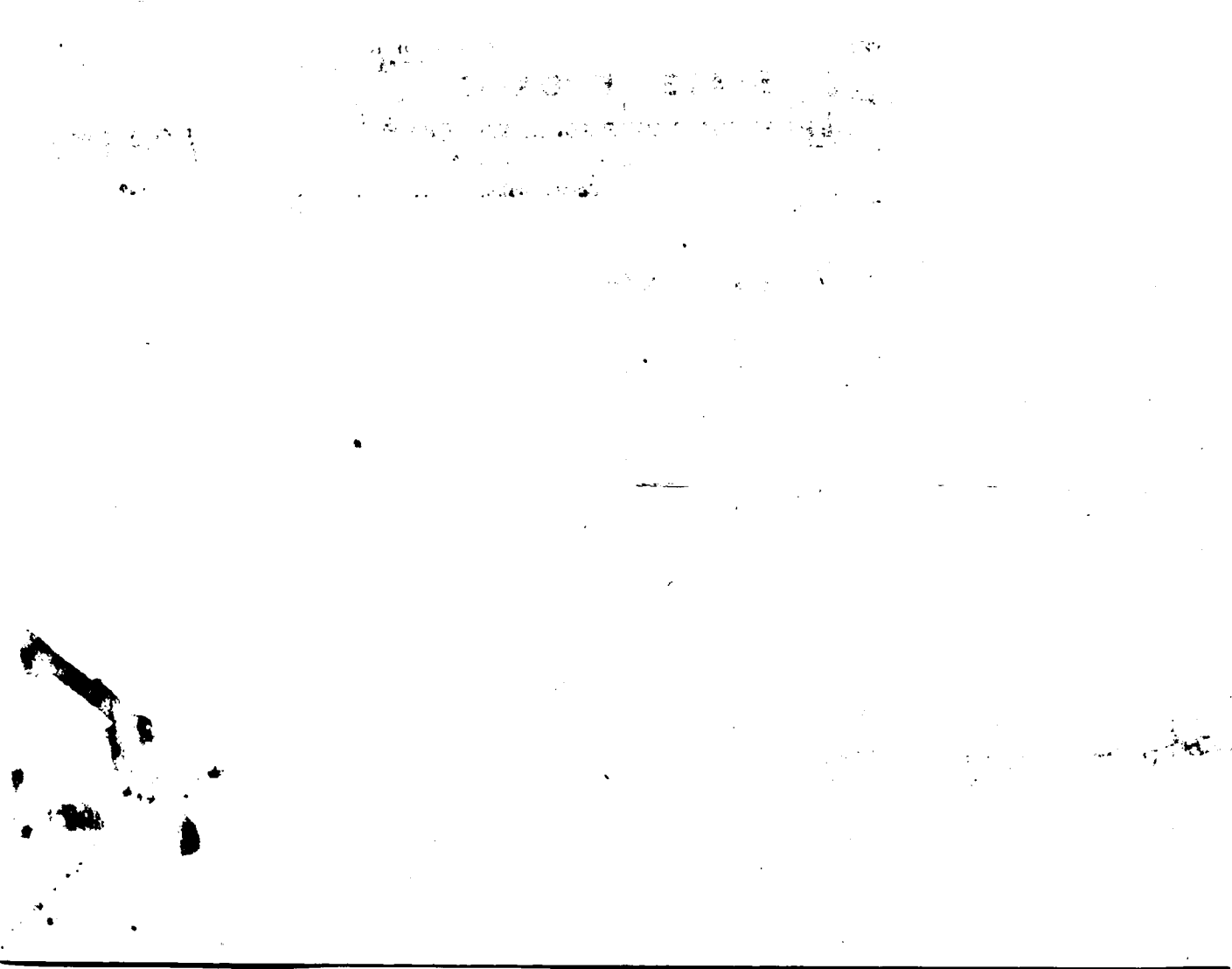
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
OCT 20 [illegible]
BUREAU OF [illegible]
[illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 19[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Plumma

Street: .....

County: Bannock

File Number: 104380

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: July 14 1922

Father: Benjamin Hereford (Full Name) Mother: Golda Woods (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Velma Lowis Hereford
Child's Name in Full

Golda Hereford
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

AUG 2 1949

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-218-005-391

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 22 1922

County of Bennewal

City of Plummer

Registration District No. 46

File No. 104381

No. ..... St.

Primary Registration District No. 2123

Registered No. 12

Hospital .....

FULL NAME OF CHILD Glenita Smith

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	—	2	Yes	7/18/22 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Glen W. Smith	FULL MAIDEN NAME	Juanita Crawford
RESIDENCE	Plummer Idaho	RESIDENCE	Plummer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Brittlen Mo	BIRTHPLACE	Portland, Ore
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 18, 1922 at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. B. Celzer

(Physician or midwife)

Given names added from a supplemental report.

July 20 1922

Address Tekoa Wash

Registrar

Filed July 20 1922

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 2 1955

365-230-005-257

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

7

County of Benewah

RECEIVED SEP 22

CERTIFICATE OF BIRTH

City of Near Plummer

Registration District No. 46 File No. 104382

No. ..... St.

Primary Registration District No. 2123 Registered No. 13

Hospital .....

FULL NAME OF CHILD Georgia Maxine Loe.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes.	Aug. (Month) 30. (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	George Samuel Loe.	FULL MAIDEN NAME	Iva Gennett Beaudreau.
RESIDENCE	Worley, Idaho.	RESIDENCE	Worley, Idaho.
COLOR	White AGE AT LAST BIRTHDAY 36 (Years)	COLOR	White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Missouri.	BIRTHPLACE	South Dakota.
OCCUPATION	Farmer.	OCCUPATION	House Wife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 11-10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Loe

Father
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Worley, Idaho.

Filed Sept 15 1922 [illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

523-102-005-366

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

8

CERTIFICATE OF BIRTH

104383

RECEIVED
SEP 22 1922
BUREAU OF VITAL STATISTICS

County of Benewah.

City of Plummer Idaho

Registration District No. 46 File No.

No. St.

Primary Registration District No. 2123 Registered No. 14

Hospital

FULL NAME OF CHILD Frank Holland Festes

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Sept. 2nd 1922.

FATHER		MOTHER	
FULL NAME	Jessie B. Festes	FULL MAIDEN NAME	Bessie Coffey
RESIDENCE	Plummer. Idaho.	RESIDENCE	Plummer - Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	57. (Years)	AGE AT LAST BIRTHDAY	22. (Years)
BIRTHPLACE	South Carolina	BIRTHPLACE	South Carolina
OCCUPATION	Farmer.	OCCUPATION	Home-Wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 11 A M. on the date above stated.

(Signature) J J Harrington M. D.

(Physician or midwife)

Address Harley. Idaho

Filed Sept. 18 1922

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

c.c. 6/5/41. wh.

4115-122-005-893

PLACE OF BIRTH

RECEIVED
OCT 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Dennis

No. ____ St.

Registration District No. 21 File No. 104384

Hospital ____ Primary Registration District No. ____ Registered No. 27

FULL NAME OF CHILD GLENN HILL Davidson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	July 22 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	J. L. Davidson	FULL MAIDEN NAME	Elma Hill
RESIDENCE	Dennis, Idaho	RESIDENCE	Dennis, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Virginia	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Nelson

Physician
(Physician or midwife)

Address Tekoa, Wash.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

Filed Sept 4 1922 G. L. Bilsan Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Whitman }

Certificate No. 104384

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Glenn Hill Davidson (Name on Original Certificate) who born (Was Born or Died) on July 22nd 1922 (Date of Event) in Near Kinsed Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on September 2nd 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Glenn Hill Davidson

Subscribed and sworn to before me this 13 day of August, 1942

J. D. McMannis
United States Commissioner
~~Notary Public,~~ residing at Tekoa, Wash

My commission expires
(Seal)

Signed Glenna P Davidson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Star Rt. Tekoa, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Whitman }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of August, 1942

J. D. McMannis
~~Notary Public, residing at~~
~~My commission expires~~
(Seal)

UNITED STATES COMMISSIONER
Residing at Tekoa, Washington

Signed J. A. Nelson M.D.
(Signature of Any Credible Person Other Than Previous Year)

Tekoa Wash
(Street Address, City, State)

AUG 24 1942

AUG 25 1942

JUL 25 1967

JUN 14 1974

Amended 8/10/51

PLACE OF BIRTH

693-215-605-695

County of Benewah

City of Desmet

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 104385

Primary Registration District No. ____ Registered No. 28

FULL NAME OF CHILD HELEN MARIE WILLIS
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				YES	AUG. 15 1922

What bacteriocidal solution was used in eyes? argyrol

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER	MOTHER
FULL NAME: John H. Willis	FULL MAIDEN NAME: Violet M. Freeman
RESIDENCE: Desmet, Idaho	RESIDENCE: Desmet, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Nebraska
OCCUPATION: farmer	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) J. C. Nelson

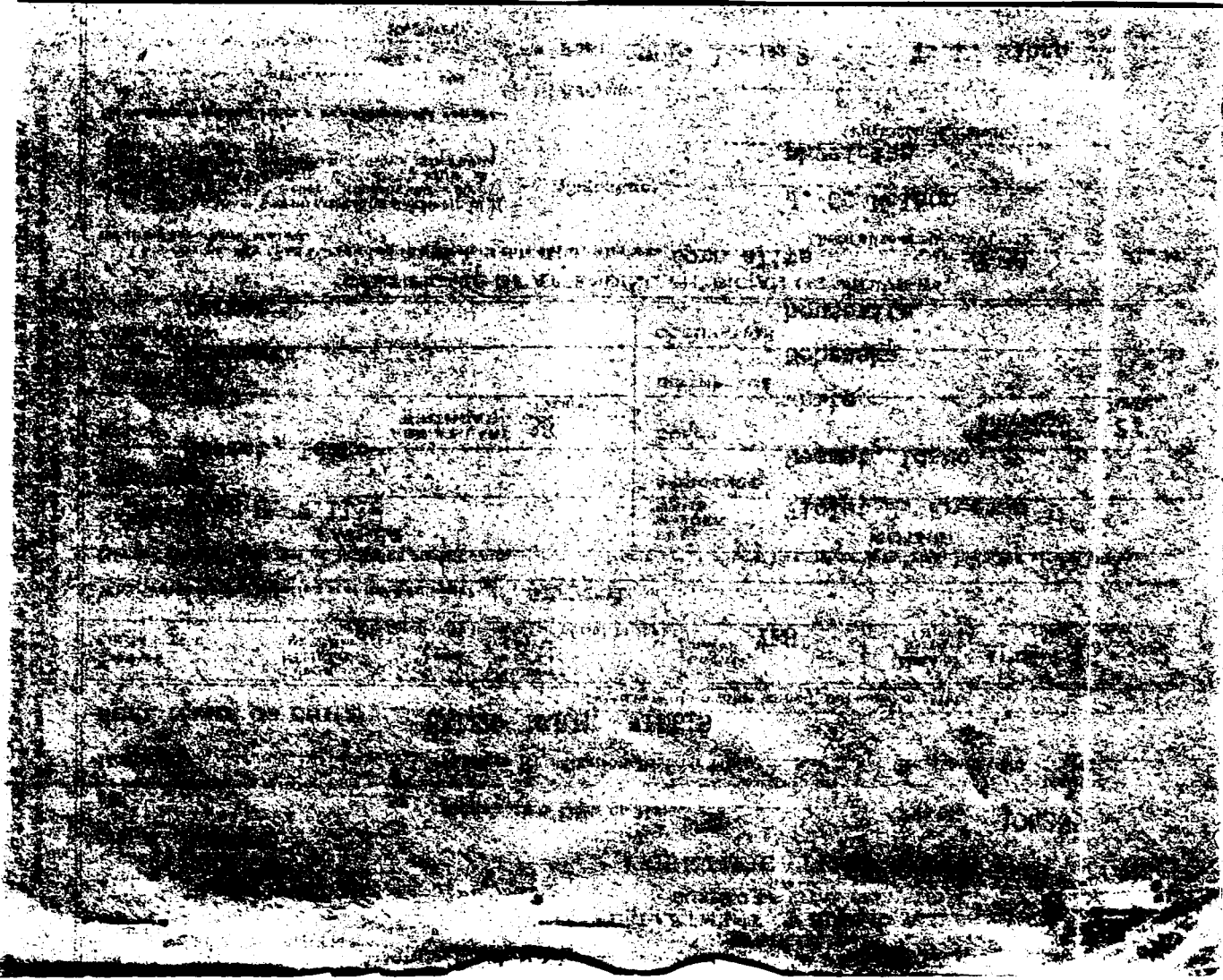
physician
(Physician or midwife)

Address ____

Filed Sept. 12 1922 Y. L. Bihan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASHINGTON } ss.
County of KLICKITAT

Certificate No. 104385

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Lucile Mary Willis (Name on Original Certificate) who was born (Was Born or Died) on Aug. 15, 1922 (Date of Event) in Desmet, Benewah County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by her parents affidivats (Bible Record, Insurance Policy, Etc.) prepared on August 14, 1950 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Lucile Mary Willis	Helen Marie Willis

Subscribed and sworn to before me this 14 day of August, 1951.

Notary Public, residing at Goldendale, Wn.
My commission expires July 31, 1954
(Seal)

Signed H. E. Willis father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Goldendale, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of KLICKITAT

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of August, 1951.

Notary Public, residing at Goldendale, Wash.
My commission expires July 31, 1954
(Seal)

Signed Marie Willis
(Signature of Any Credible Person)
her mother.

Goldendale, Washington.
(Street Address, City, State)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

129-114-005-254

RECEIVED OCT 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Desmet

No. ..... St. Registration District No. 31 File No. 104386

Hospital Sisters Primary Registration District No. ..... Registered No. 29

FULL NAME OF CHILD Joseph Edgar Abraham
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Sept 14 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Alexander Abraham	FULL MAIDEN NAME	Angelic Bedell
RESIDENCE	Tensed Ida	RESIDENCE	Tensed Ida
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Desmet Ida	BIRTHPLACE	Desmet Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Barteau
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Address Desmet Idaho

Filed Sept 23 1922 Y. Le Bihan
Registrar.

553-115-006-912

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

SEP 14 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104390

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 320

FULL NAME OF CHILD Lorenzo VERN FARRELL Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) June (Day) 13 (Year) 1922
Male		yes	

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lorenzo Nelson	FULL MAIDEN NAME	Lettie Rasmussen
RESIDENCE	Shelley Idaho	RESIDENCE	Shelley Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	at home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 noon M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. [illegible] M.D.

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address [illegible]

Filed Sept 9 1922 [illegible]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham

Certificate No. 104390
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Vern Farrell Nelson (Name on original certificate) who was born (Was born or died) on June 15, 1922 (Date of event)
in Shelby, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family record (Bible record, insurance policy, etc.) prepared on 1918 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	A. Lorenzo Nelson	Vern Farrell Nelson
Date of birth	Jan. 12, 1922	Jan. 15, 1922

Subscribed and sworn to before me this 16
day of Oct., 1941
M. L. Wist
~~Notary Public~~, residing at Shelley
My commission expires Justice of the Peace
[SEAL]

Signed A Lorenzo Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida.
County of Bingham } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of Oct., 1941
M. L. Wist
~~Notary Public~~, residing at Shelley
My commission expires Justice of the Peace
[SEAL]

Signed L. B. Leat
(Signature of any credible person other than the previous affiant.)
Shelley Ida
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

169 [redacted] 55

[redacted] HO
D[redacted]LIC WELFARE
BUREAU OF VITAL STATISTICS

County of [redacted]

City of [redacted]

CERTIFICATE OF BIRTH

104392

No. ..... St. Registration District No. ..... File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. 322

FULL NAME OF CHILD Boyd Jack Jorgensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 16 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frances V. Jorgensen	FULL MAIDEN NAME	Rheva Henderickson
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Robert [illegible]

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address [illegible]

Filed [illegible] 1922 [illegible]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

881-113-006-466

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104393

SEP 14 1922
BUREAU OF VITAL STATISTICS

County of Bingham

City of Shelley

No. ____ St.

Registration District No. 127

File No. ____

Hospital ____

Primary Registration District No. 2174

Registered No. 323

FULL NAME OF CHILD J. Bert Hyatt
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 13 1922

What bactericidal solution was used in eyes? 25

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME	Will Melton Hyatt	FULL MAIDEN NAME Clarissa Moore
RESIDENCE	Shelley Idaho	Shelley Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY	37 (Years)	39 (Years)
BIRTHPLACE	Mich	Mich
OCCUPATION	Farmer	Home Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4:50 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Robertson M.D.
(Physician or midwife)

Address Shelley

Filed Sept 1 1922 Florence E. Tie
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-115-006-282

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104394

County of [illegible]

City of [illegible]

No. ..... St.

Registration District No. 121 File No. .....

Hospital ..... Primary Registration District No. 274 Registered No. 334

FULL NAME OF CHILD Emil Lindquest
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 15 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Emil Lindquest	FULL MAIDEN NAME	Verna Bychee
RESIDENCE	Firth Idaho	RESIDENCE	Firth Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Neb.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Robert MD

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address [illegible]

Filed Sept 1 1922 [illegible]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 22-339196

315-115-book 315

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodville Precinct

Registration District No. 121 File No. 104395

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	1	1	Yes	Aug 15 1922

FATHER	MOTHER
FULL NAME David Landon	FULL MAIDEN NAME Elva Landon
RESIDENCE Address. Shelley Ida.	RESIDENCE Woodville Precinct
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Portage Utah	BIRTHPLACE Grays Lake Idaho
OCCUPATION Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 4:35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Maria E. Landon
midwife
(Title of physician or midwife)

Address Portage Utah

Filed ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho,..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number 104395

Registration Dist. No. .....

Sex of Child..... Male .....

Date of Birth .....192....

Father ..... Mother .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

168-209.006-414

PLACE OF BIRTH

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104397

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 327

FULL NAME OF CHILD Krista June Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		yes	6 9 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Roy Johnson	FULL MAIDEN NAME	Henrietta Madsen
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Address Shelley, Ida.

Filed Sep 9 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF

Boise, Idaho, ... 19..

RECEIVED
JUN 19 1923
BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Shelley

Street: .....

County: Bingham

File Number: 104397

Registration Dist. No. .....

Date of Birth: June 9th. 1922

Sex of Child: Female

Father: Leroy Johnson (Full Name)

Mother: Krista Henrietta Madsen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Krista June Johnson. (Child's Name in Full)

Mrs Henrietta Johnson. (Signature of Father or Mother)

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

713-217-006-396

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104398

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 121 File No. .....

Primary Registration District No. 2144 Registered No. 328.

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Y	X		1st	yes	6 (Month) 17 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Elmer A. Packer	FULL MAIDEN NAME	Hannah E. Croft
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 8/A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley, Ida.

Filed Sept. 9 1922 Mrs Helen E. Fetrue

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... '92...

RECEIVED
OCT 21 1922
VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number 104398

Registration Dist. No. .....

Sex of Child Female

Date of Birth June 17, 192[illegible].

Father ..... (Full Name)

Mother ..... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

..... (Child's Name in Full)

..... (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

713-217-006-396

PLACE OF BIRTH

RECEIVED SEP 14 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 121 File No. 104399

Primary Registration District No. 2194 Registered No. 329

FULL NAME OF CHILD Packer.

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			2nd	yes	6 17 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Elmer A. Packer	FULL MAIDEN NAME	Hannah A. Croft
RESIDENCE	Shelley	RESIDENCE	Shelley.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4 45/60 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley, Ida.

Filed Sept 7 1922 Mrs Helen E. Peters
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERA[illegible] REASONS W[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Shelby
- Street: .....
- County: [illegible]

File Number: 104399

Registration Dist. No. .....

Date of Birth: June 17 1922

Sex of Child: Female

Father: [illegible]
Full Name

Mother: [illegible]
Full Maiden Name

RECEIVED
21 1922
BUREAU OF VITAL
STATISTICS

I HEREBY CERTIFY that the child described herein has been named:

Not Named
Child's Name in Full

[illegible]
Signature of Father or Mother

Death - [illegible]

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

537-123-006-168

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 121 File No. 104400

Primary Registration District No. 2194 Registered No. 330

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	6 (Month) 23 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John E. G.	FULL MAIDEN NAME	Olga Johnson
RESIDENCE	New Sweden, Idaho Fall R#4	RESIDENCE	New Sweden
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley, Ida.

Filed Sept. 9 1922 Mrs Walter E. Potter

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...OF IDAHO

DEPART...

...Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number 104400

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth ..... 192....

Father ..... Mother .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

439-225-006255

PLACE OF BIRTH

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 121 File No. 104401

Hospital ..... Primary Registration District No. 2194 Registered No. 331

FULL NAME OF CHILD Lois Eva McIntosh
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		yes	6-26-1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Myrna McIntosh	FULL MAIDEN NAME	Mary Bevan
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Give names added from a supplemental report.

Address Shelley Ida.

....., 19....

Filed Sept 9 1922 Wm Walter E. Fabrie
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

289.126.006242

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 121 File No. 104402

Hospital ..... Primary Registration District No. 2194 Registered No. 332

FULL NAME OF CHILD Masami Shikashio
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	6/26/1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank Shikashio	FULL MAIDEN NAME	Miyoshio Kuba
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	Jap	COLOR	Jap
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 1 Certified copy 6/17/41 alive at 7 A. M. on the date above stated. (Born alive or stillborn)

1 Photostat copy 4/13/42

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Shelley Ida

Filed Sep 19 1922 Mrs Walter E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. -104402

Date Filed APR

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Masami Charley (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 26 - 1922 (DATE OF EVENT)
in Shelley - Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Masami Shikashio	Charlie [redacted] Shikashio

Subscribed and sworn to before me this 6th day of April, 1942

Person Packham

Notary Public, residing at Blackfoot

My commission expires January 30 - 1946

(SEAL)

Signed M. Shikashio

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Firth, Idaho - R#1

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of April, 1942.

Notary Public, residing at Shelley Idaho

My commission expires June 16, 1943

(SEAL)

Signed Edwin Cutter M.D.

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Shelley, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

APR 14 1955

MAY 4 1955

154-105-006-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 14 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Bingham
City of Shelley
No. ..... St.
Hospital .....

Registration District No. 121 File No. 104403
Primary Registration District No. 2194 Registered No. 333

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	7 15 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 ..... Number of child of this mother now living, including present birth 4 .....

FATHER		MOTHER	
FULL NAME	A. C. Anderson	FULL MAIDEN NAME	Clara Jensen
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Give names added from a supplemental report.

Address Shelley, Ida

....., 19.....

Filed Sept 9 1922 Mrs Walter E. Potine
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF WELFARE

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number .....104403.....

Registration Dist. No. .....

Sex of Child.....Male.....

Date of Birth .....192....

Father ..... (Full Name)

Mother ..... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

451-107-006-344

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104404

County of Bingham
City of Shelley
No. ..... St.
Registration District No. 121
File No. .....
Hospital .....
Primary Registration District No. 2194
Registered No. 334

FULL NAME OF CHILD Gordon Cutler Dean
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	July 7 1922

What bacteriecidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Larry A. Dean	FULL MAIDEN NAME	Gladys Cutler
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Music Teacher	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10 59 A.c. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler Jr. D.

(Physician or midwife)

Address Shelley Idaho

Filed Sept 9 1922 Mrs Thaleen Tolerie
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 11 1944

NOV 18 1959

815-211-006-155

PLACE OF BIRTH

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 121

File No. 104403

Hospital .....

Primary Registration District No. 2194

Registered No. 333

FULL NAME OF CHILD Mildred Hanks.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	7/11 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	E. Frank Hanks	FULL MAIDEN NAME	Leah Jensen
RESIDENCE	Shelley.	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Address Shelley, Ida.

Filed Sept 9 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
FEB 16 1928
IDAHO STATE
BUREAU OF VITAL
STATISTICS

Boise, Idaho, ...192...

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number .....10440.5.....

Registration Dist. No. .....

Sex of Child.....Female.....

Date of Birth .....192....

Father .....
Full Name

Mother .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....Mildred Parker.....
Child's Name in Full

.....
Signature of Father or Mother

MAY 1 3 1971

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

254-217-006-863

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 104406

Primary Registration District No. 21 Registered No. 336

FULL NAME OF CHILD ELLEN Knudsen.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	7/17/1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Carl Knudsen	FULL MAIDEN NAME	Selma Holmbey
RESIDENCE	Idaho Falls R#6	RESIDENCE	Idaho Falls R#6
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Shelley, Ida.

Filed Sept 9 1922 Mrs Walter E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A (
FOR EACH CHILD AND TH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 104406

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ellen Knudsen (Name on Original Certificate) who was born (Was Born or Died) on July 17, 1922 (Date of Event)
in Shelley, Idaho (Place of Event) are ~~incorrect~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ellen Knudsen

Subscribed and sworn to before me this 21" day of October, 19 42

~~Clerk of the District Court~~
Notary Public, residing at Idaho Falls, Ida

My commission expires
(Seal)

Signed Mrs. Selma Knudsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21" day of October, 1942

~~Clerk of the District Court~~
Notary Public, residing at Idaho Falls, Ida o

My commission expires
(Seal)

Signed Carl Knudsen
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 4 1942

613-48-006-163

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104407

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 121 File No. .....

Hospital .....

Primary Registration District No. 2194 Registered No. 337

FULL NAME OF CHILD Walters

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	7/18/1922

What bacterleidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clarence Thos Walters	FULL MAIDEN NAME	Urussa Jolley
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Drayman	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Address Shelley, Ida.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

Filed Sept 9 1922 Mrs Helen E. Fabian Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPA..

Boise, Idaho..... .....192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number .....104407.....

Registration Dist. No. .....

Date of Birth .....192....

Sex of Child.....Male.....

Father ..... Mother .....
Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

719-120-006-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104408

County Bingham
City of Shelley
No. ____ St.
Registration District No. 121
File No. ____
Hospital ____
Primary Registration District No. 2194
Registered No. 338

FULL NAME OF CHILD Leon D. Gardner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	7/20 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ira Gardner	FULL MAIDEN NAME	Sarah M. Hansen
RESIDENCE	Shelley	RESIDENCE	Shelley.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	48 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah
OCCUPATION	Life Insur. Agent	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 8:16 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Address Shelley, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 9 1922 Walter E. Palmer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-221-006-316

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County Bingham

City of Shelley

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104409

No. ..... St. ..... Registration District No. 121 File No. .....

Hospital ..... Primary Registration District No. 2194 Registered No. 339

FULL NAME OF CHILD Nancy V. Stoneberg
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	7/21 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	C. R. Stoneberg	FULL MAIDEN NAME	Violet Tofte
RESIDENCE	Idaho Falls R#4	RESIDENCE	Idaho Falls R#4
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Address Shelley Ida.

Filed Sept. 9 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18

...AC...

...A CERTIFICATE OF BIRTH ...LD
...E SAME COMPLETED ...

Birth registra...

and return this sheet, at your earliest convenience, in the enclosed

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number ....104409....

Registration Dist. No. .....

Sex of Child....Female.....

Date of Birth .....192....

Father .....
Full Name

Mother .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

743125-006-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

County of Bingham
City of Shelley
No. ..... St.
Hospital .....

Registration District No. 121
Primary Registration District No. 2194

File No. 104410
Registered No. 340

FULL NAME OF CHILD Wessie Williams Gulke
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	7/23 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Sylvester C. Gulke	FULL MAIDEN NAME	Nellie R. Williams
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Georgia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 3/8 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Address Shelley, Ida.

Filed Sept. 9 1922 Mrs Hates E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOU
FOR EACH CHILD AND THE SAME COMPLETE

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Shelley

Street:

County: Bingham

File Number: 104410

Registration Dist. No.:

Sex of Child: Male

Date of Birth: July 23rd 1922.

Father: Sylvester Charles Gutke (Full Name)

Mother: Nellie Rebecca Williams (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Bessie Williams Gutke
Child's Name in Full

Mrs. Nellie Gutke
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

154-182-006-819

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

RECEIVED SEP 14 1922 BUREAU OF ...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 104411

Primary Registration District No. 2194 Registered No. 341

FULL NAME OF CHILD Monte Christian Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	8/2/1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 ..... Number of child of this mother now living, including present birth 3 .....

FATHER		MOTHER	
FULL NAME	T. C. Anderson	FULL MAIDEN NAME	Cora Harker
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2 45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Address Shelley, Ida.

Filed Sep. 9 1922 Mrs Hattie E. Potter
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A [illegible]
BE FILED FOR EACH CHILD AND [illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City Jamieston
Street
County Bingham, Idaho

File Number 104411

Registration Dist. No.

Date of Birth Aug. 2 1922

Sex of Child Male

Father Terrence Christian Anderson
Full Name

Mother Cora Harker
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Monte Christian Anderson
Child's Name in Full

Cora Harker Anderson
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

619-223-006-942

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

RECEIVED SEP 14 1922 BUREAU OF VITAL STATISTICS

DEPARTMEN[redacted]RE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104412

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 342

FULL NAME OF CHILD Mary Ruth Farrer

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	8/23/1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jas Wayne Farrer	FULL MAIDEN NAME	Hellen Russell
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Minnesota
OCCUPATION	Pool Hall Manager.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7 30/A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley, Ida

Filed Sep 19 1922 Mrs Nathan E Patrick

Registrar.

Give names added from a supplemental report.

....., 19....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 9 1942

269-107-006-114

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. 129 So Ash St.
Registration District No. 121
File No. 104413
Hospital
Primary Registration District No. 1007
Registered No. 343

FULL NAME OF CHILD Reed Sorensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 7 1922

What bactericidal solution was used in eyes? Cargentos 2%

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Wm T. Sorensen	FULL MAIDEN NAME	Florence James
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address Blackfoot Idaho

Filed Sept 10 1922 Mrs Walter E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1954

154-107-006-719

PLACE OF BIRTH

RECE[illegible]
SEP 1[illegible] 19[illegible]
BUREAU [illegible]
STATIST[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Pruch

No. ..... St.

Registration District No. 121

File No. 104414

Hospital .....

Primary Registration District No. 2194

Registered No. 344

FULL NAME OF CHILD Stephen Max Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 7 1922

What bactericidal solution was used in eyes? Cargentos 2%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Phillip Anderson	FULL MAIDEN NAME	Lillian Parsons
RESIDENCE	Thomas	RESIDENCE	Thomas
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. at 11 55 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie M.D.

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Black Foot Idaho

Filed Sept 10 1922 Mrs Walter E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-216-006-897

PLACE OF BIRTH

SEP ... BUREAU ... STATIS...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Rockford

No. ..... St.

Registration District No. 121 File No. 104415

Hospital ..... Primary Registration District No. 2194 Registered No. 345

FULL NAME OF CHILD Elma Clara Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug 16 1922

What bactericidal solution was used in eyes? Cargentos 2%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chris M Jensen	FULL MAIDEN NAME	Clara Higgins
RESIDENCE	Blackfoot Ida Route 2	RESIDENCE	Do
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. (Born alive or stillborn), at 10.55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie M.D.
(Physician or midwife)

Give names added from a supplemental report.

DECEASED

..... 19...
Registrar.

Address Blackfoot, Idaho

Filed Sept. 10 1922 Mrs Nature E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619.224.006-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Groveland Prec. BUR

Registration District No. 121 File No. 104416

No. ..... St.

Primary Registration District No. 2094 Registered No. 346

Hospital .....

FULL NAME OF CHILD REA FARNWORTH ~~Farnsworth~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug. 24 1922 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Geo. C. ~~Farnsworth~~ FARNWORTH		Era J. ~~Candland~~ Isabel CANDLAND	
RESIDENCE	Blackfoot Ida Route 4	RESIDENCE	Do
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. (Born alive or stillborn), at 5 20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot

Filed Sept. 10 1922 Mrs Walter E. Patrie

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 6 1973

249-204-006-791

PLACE OF BIRTH

RECEIVED SEP 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 89 North University St.

Registration District No. 121 File No. 104417

Hospital

Primary Registration District No. 1007 Registered No. 347

FULL NAME OF CHILD Dorothea Lorraine Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug 4 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frank S. Smith	FULL MAIDEN NAME	Fern A. Graham
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Kans.
OCCUPATION	Baker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot, Idaho

Filed Sept. 10 1922 Wm Walter E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 19

556107.006-495

PLACE OF BIRTH

RECEIVED SEP 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104418

County of Bingham
City of Blackfoot
No. Ward #1 St.
Hospital

Registration District No. 121
Primary Registration District No. 1007

File No.
Registered No. 348

FULL NAME OF CHILD Charles Emil Neff
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Aug 7 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Emil Henry Neff	FULL MAIDEN NAME	Anna F. Dienuff
RESIDENCE	Blackfoot, Idaho #1	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Address Blackfoot, Idaho

Filed Sept. 10 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 24 1941

DECEASED

753-222-006-265

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Bladfoot
No. Grinland St.
Registration District No. 121
File No. 104419
Hospital
Primary Registration District No. 2194
Registered No. 349

FULL NAME OF CHILD Aileen Bernice Pelkey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug 22 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles S. Pelkey	FULL MAIDEN NAME	Dora B Bond
RESIDENCE	Bladfoot, Idaho	RESIDENCE	Bladfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Kans	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot, Idaho

Filed Sept. 10 1922 Mrs Helen E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843.225.006.559 names of father & mother amended 12-4-86 lh

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. Word No 3 St.
Hospital

Registration District No. 121
Primary Registration District No. 1007

File No. 104420
Registered No. 350

FULL NAME OF CHILD Margaret Irene Hull
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Aug 25 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME James H. Hull	FULL MAIDEN NAME Myrtle Irene Irene M. Neider
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Address Blackfoot, Idaho

Filed Sept 10 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

11-24-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
DEC 31 1986
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 104420
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Margaret Irene Hull (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 25, 1922 (Date of Event)

in Blackfoot, Bingham Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Father's name	James M. Hull	James Lee Hull
Mother's name	Irene M. Neider	Myrtle Irene Neider

Subscribed and sworn to before me this 1st day of December, 1986.

Notary Public, D. C. Fuss

Residing at Pocatello

My commission expires 4-26-91

(Seal)

Margaret Irene Hull
Margaret Mc Nabb
Signature of Applicant

1405 34 W. Tyhee Rd.
Pocatello, Idaho 83202
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary XXX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1cc

DEC 1 1988

Birth certificate of mother gives name as Myrtle Irene Neider born July 11, 1902 in Balckfoot, ID SF #De58-372.
Viewed by V.S.

Birth Certificate of father gives name as James Lee Hull born July 7, 1895 in Blackfoot, ID SF. #De66-551
Viewed by V.S.

Death record of James Lee Hull who died Nov. 29, 1959 at St. Anthony Hospital, ID gives maiden name of wife as Irene Neider.
Viewed by V.S.

815-114-006-753

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 121 File No. 104421

No. ..... St.

Primary Registration District No. 2194 Registered No. 351

Hospital .....

FULL NAME OF CHILD Melvin Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Kundl Hansen	FULL MAIDEN NAME	Ester Peterson
RESIDENCE	Shelley Ida.	RESIDENCE	Shelley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Hyrum Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Egbert

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley Ida.

Filed Sept 10 1922 Mrs Natus E. Patrick Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 13 1945

617-109.008-533

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 14 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of ~~Blackfoot~~ Moreland

No. ..... St.

Registration District No. 121 File No. 104422

Hospital ..... Primary Registration District No. 2194 Registered No. 552

FULL NAME OF CHILD Wessley Raymond Wagner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Aug 9 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lloyd Raymond Wagner	FULL MAIDEN NAME	Flossie Bell Ellis
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Blackfoot, Ida

Filed Sept 10 1922 Mrs Walter E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192 2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: .....

County: Bingham

File Number: 104422

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Aug. 9, 1922

Father: Lloyd Raymond Wagner (Full Name)

Mother: Flossie Bell Ellis (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wesley Raymond Wagner

Child's Name in Full

Lloyd R. Wagner

Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

352-110-006-313 name added 5-4-84

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland

No. ..... St.

Registration District No. 121 File No. 104423

Hospital ..... Primary Registration District No. 2194 Registered No. 353

FULL NAME OF CHILD Ardell Eugene Lester

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 10 1922

What bacteriolidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Roy Lester	FULL MAIDEN NAME Edith Talbot
RESIDENCE	Moreland	RESIDENCE Moreland
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE Idaho
OCCUPATION	Farming	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Leek

(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed Sept 10 1922 Wm Hales E. Talent
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-12-84

RECEIVED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

APR 24 1984

State of _____ } ss.
County of _____

Certificate No. 104423
Bureau of Vital Statistics
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Lester (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 10, 1922 (Date of Event)

in Moreland (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ardell Eugene Lester

Subscribed and sworn to before me this 20th day of April 1984.
Notary Public, John W. Craner
Residing at Parma Idaho
My commission expires 2/15/85
(Seal)

x Ardell ~~Eugene~~ Eugene Lester
Signature of Applicant
x RTI Parma Idaho
Street Address, City, State
Box 1006

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of April 1984.
Notary Public, John W. Craner
Residing at Parma Idaho
My commission expires 2/15/85
(Seal)

John H. Hurley
Supporting Signature
Rt 1-1005
Street Address, City, State

1 cc pd

Social Security Card lists Ardell Eugene Lester as employee. Obviously old record. Viewed by V.S.

MAY 4 1984

Promisory Note listsArdell E. Lester as borrower. Dated Jan 12, 1971. Viewed by V.S.

Ins Policy from Canyon County Farmers Mutual Fire Ins Co lists policy holder as Ardell E. Lester of Nampa. Dated Nov 11, 1977. Viewed by V.S.

264-112-006-456

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104424

County of Bingham

City of Blackfoot

No. West Francis St.

Registration District No. 121 File No.

Hospital

Primary Registration District No. 1007 Registered No. 356

FULL NAME OF CHILD Jack Dewey Sorensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 17 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Joseph A Sorensen	FULL MAIDEN NAME	Laura M. Dewey
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer (Sugar Co)	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed Sept 10 1922 Mrs Helen E. Pabiel
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

VERAL REASONS [illegible] CERTIFICATE

Dear Madam: BUREAU OF VITAL STATISTICS

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Blackfoot
Street: Cor. Francis Maple
County: Bingham

File Number: 104424

Registration Dist. No.:

Date of Birth: August 12th 1922

Sex of Child: Male

Father: Joseph Alvin Sorensen
Full Name

Mother: Laura Dewey
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Jack Dewey Sorensen
Child's Name in Full

Jos. Sorensen
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

655-212-006-767 Child's First Name Added 06/29/2012 SJP

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD #3 St.

Registration District No. 131

File No. 104425

Hospital

Primary Registration District No. 2194

Registered No. 355

FULL NAME OF CHILD Norma Weeding
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Aug 12 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Hans R. Weeding	FULL MAIDEN NAME	Jessie Poppleton
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Address Blackfoot Ida

Filed Sept. 10 1922 Mrs Walter E. Tabine
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CORRECTION AFFIDAVIT FOR CERT #1922-104426 ATTACHED AND NAME OF STUART PAUL WAS ENTERED IN ERROR- REMOVED NAME 06-11-2012-KLA

RECEIVED

JUN 20 2012

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Cache } SS

Certificate No. 1922-104425

Date Filed 09/14/1922

The undersigned does solemnly swear (affirm) that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Unnamed baby girl Weeding (Name on Original Certificate) who was born (Was Born, Died, etc.) on 08/12/1922 (Date of Event)

in Blackfoot (Bingham Co), Idaho (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's first name	(None)	Norma

Subscribed and sworn (affirmed) to before me this 18 day of June, 2012

Notary Public, Lorie Emmett

Residing at Logan Ut

My commission expires 1-14-14

(Seal)

NOTARY PUBLIC
LORIE EMMETT
Commission No. 581488
Commission Expires
JANUARY 14, 2014
STATE OF UTAH

Applicant's Signature Norma W. Allgaier

Printed Name Norma W Allgaier

Street Address 502 W 550 North

City, State, ZIP Logan, Utah 84321

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } SS

(Must be completed ☐)

(Is not necessary ☒)

The undersigned does solemnly swear (affirm) to have knowledge of the facts as set forth above and that they are true to the best of their knowledge.

Subscribed and sworn (affirmed) to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Applicant's Signature _____

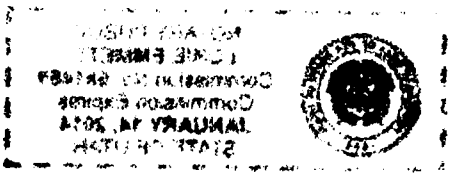
Printed Name _____

Street Address _____

City, State, ZIP _____

1. High School Diploma issued to Norma Weeding at Logan High School in city of Logan, state of Utah. Document is dated May 29, 1940 and is signed by both E. Allen Bateman, Superintendent of Schools, and George S. Bates, Principal. Certificate bears the seal of Logan High School. Viewed by VS SJP.
2. State of Utah, County of Box Elder Certificate of Marriage issued to Grant Lester Allgaier and Norma Weeding who were married May 17, 1947 in Salt Lake City. Document is signed by Bishop Clarence E. Allgaier and shows that the marriage license was issued by the clerk of Box Elder County on May 17, 1947. Viewed by VS SJP.

(Rev. 10/11)



168-113-006-212

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 121 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104426

Registration District No. 121 File No.

Hospital Primary Registration District No. 2124 Registered No. 356

FULL NAME OF CHILD STUART Paul Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 13 1927

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Michael Johnson	FULL MAIDEN NAME Elsie May Paskett
RESIDENCE	Blackfoot	Blackfoot
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a M. on the date above stated.

(Signature) W A Buck

(Physician or midwife)

Address Blackfoot Ida

Filed Sept 10 1927 Mrs Hales E Patrick
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CORRECTED CHILD'S FIRST NAME PER AFFIDAVIT THAT WAS INCORRECTLY ATTAHCED TO CERT #1922-104425
CHILD'S NAME WAS INCORRECTLY ENTERED AS STURART - 06/11/2012-KLA

AUG 19 1942

RECEIVED
23
BI

ATE OF IDAHO
MENT OF PUBLIC WELF

Boise, Idaho, ... 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City: Blackfoot
Street: Rfd #4
County: Bingham

File Number: 104426

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: August 13 1922

Father: Michael Johnson Jr
Full Name

Mother: Elsie Mae Paskett Johnson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Stuart Paul Johnson
Child's Name in Full

Elsie P. Johnson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

236-118'006-453

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RDF 3 St.

Registration District No. 121 File No. 104427

Hospital

Primary Registration District No. 2194 Registered No. 357

FULL NAME OF CHILD Gerald Reed Stoddard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Aug 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Eugene Stoddard	FULL MAIDEN NAME	Lillian Detton
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed Sept. 10 1922 Mrs Helen E. Pabue
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — ~~City~~ Kimball

Street .....

County Bingham

File Number 104427

Registration Dist. No. .....

Date of Birth Aug. 18 1922

Sex of Child Male

Father Eugene Stoddard (Full Name)

Mother Lillian Dettaro (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gerald Reed Stoddard (Child's Name in Full)

Lillian Stoddard (Signature of Father or Mother)

FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

595-226-006-691

PLACE OF BIRTH

RECEIVED
SEP 18 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104428

County of Bingham

City of Kimball Idaho

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Vesta F. Nielsen

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female				yes	6	26	1922

FATHER	MOTHER
FULL NAME: Ammon Ephraim Nielsen	FULL MAIDEN NAME: Thera Floy Frandsen
RESIDENCE: Kimball Idaho	RESIDENCE: Kimball Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Little Blackfoot Idaho	BIRTHPLACE: Mt Pleasant Utah
OCCUPATION: Farmer	OCCUPATION: Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Rosa Jorgensen

Midwife (Physician or midwife)

Address Kimball - Idaho

Filed Sept. 18 1922 W. Almond State Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-130-006-867

PLACE OF BIRTH

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

104429

Registration District No. 116 File No. .....

Primary Registration District No. 2195 Registered No. 735

FULL NAME OF CHILD Walter Prestidge
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Aug 30 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Percy Prestidge	FULL MAIDEN NAME	Elsie Elizabeth Hopcraft
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMarkinnon MD
Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Aug 30 1922 McMarkinnon
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 [illegible] 1941

699-229; 406-449

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104430

RECEIVED
SEP 9 192
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

County of Bingham
City of Sterling
No. ____ St. ____
Hospital ____
Registration District No. 116
Primary Registration District No. 255
File No. 13
Registered No. 734

FULL NAME OF CHILD ROSE Wright
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug 29 192 2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	John Wilford Wright	FULL MAIDEN NAME	Lucy Hetty Durrant
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Cunningham M.D.
Physician
(Physician or midwife)
Address Albion Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 29 192 2 M. Cunningham
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

k

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 104430

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Agatha Wright	Rose Wright

Subscribed and sworn to before me this 28
day of March, 19 42.
M. D. Linsley
Notary Public, residing at Aberdeen, Idaho
My commission expires 12-31-45
(SEAL)

Signed Lucy Hettie Wright
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)
A Sterling, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28
day of March, 19 42.
M. D. Linsley
Notary Public, residing at Aberdeen, Ida.
My commission expires 12-31-45
(SEAL)

Signed Mrs Pearl Corbridge
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Aberdeen, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUL 25 1944

263-122-006-389

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104431

County of Bingham

City of Aberdeen

No. ..... St.

Registration District No. 116

File No. 13

Hospital .....

Primary Registration District No. 2185

Registered No. 133

FULL NAME OF CHILD Melvin Boldt
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes	Aug 22 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Henry Boldt	FULL MAIDEN NAME	Mary Thiessen
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mamie Kinnon M D

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Aug 29 1922 Mamie Kinnon
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 11 1958

415-219-006-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104432

County of Bingham

City of Aberdeen

No. ..... St. ..... Registration District No. 116 File No. .....

Hospital ..... Primary Registration District No. 2185 Registered No. 731

FULL NAME OF CHILD Kathleen Dancliff

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 19 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ralph Glen Dancliff	FULL MAIDEN NAME	Beulah Dona Green
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) M. Conant Kinney M.D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Aug 19 1922 M. Conant Kinney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-222-006-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 19 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104433

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

Registration District No. 116 File No. 13

Primary Registration District No. 2195 Registered No. 732

FULL NAME OF CHILD Ruth Christenson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	(To be answered only in event of plural births)	Yes	Aug 22 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James Christenson	FULL MAIDEN NAME	Mary Ann Peterson
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	56	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCmer Kinnon M.D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Aug 22 1922 McCmer Kinnon
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFI
D FOR EACH CHILD

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sterling

Place of Birth — Street:

Place of Birth — County: Bingham

File Number: 104433

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Aug 22nd 192 2

Father: James Christenson
Full Name

Mother: Mary A. Peterson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ruth Christenson
Child's Name in Full

James Christenson
Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

789-208-006-758

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104434

County of Bingham

City of Aberdeen

No. ..... St.

Registration District No. 116

File No. 134

Hospital .....

Primary Registration District No. 2195

Registered No. 730

FULL NAME OF CHILD Vera Phillips
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Aug 8 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Roscoe Phillips	FULL MAIDEN NAME	Karna Pehrson
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMurkin, M.D.
physician
(Physician or midwife)

Address Aberdeen Ida

Filed Aug 8 1922 McMurkin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

589-118-006-369

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED OCT 9 1922 BUREAU OF VITAL STATISTICS

County of Bingham

City of Blackfoot

No. RD# 3 St.

Registration District No. 121 File No. 104435

Hospital

Primary Registration District No. 2194 Registered No. 35

FULL NAME OF CHILD Anton Robert Christensen
(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet or other~~? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One (To be answered only in event of plural births)	Yes	Aug 18 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Nephi Christensen	FULL MAIDEN NAME	Laura Lorentzen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Norway
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Address Blackfoot Idaho

Filed Sept. 10 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street: RR 3

County: Bingham

File Number: 104435

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: August 18 1922

Father: Nephi Christensen (Full Name)

Mother: Laura Lorentzen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Anton Robert Christensen and Christian Raymond

(Child's Name in Full)

Nephi Christensen

Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

866-221-006-561

PLACE OF BIRTH

RECEIVED
OCT 9 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bingham

City of Blackfoot

No. RD#5 St.

Registration District No. 121 File No.

Hospital

Primary Registration District No. 2194 Registered No. 360

CERTIFICATE OF BIRTH 104436

FULL NAME OF CHILD Helen Hofer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Aug 21 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	George Hofer	FULL MAIDEN NAME	Clara Noack
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Address Blackfoot Idaho

Filed Sept. 10 1922 Mrs Thalia E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

B 2 5 1942

SEVER[illegible] REASONS WHY A CERTIFICAT[illegible]
[illegible] FILED FO[illegible] THE [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Binghamton

Street: Route 2

County: Broome

File Number: 104436

Registration Dist. No.: 3

Sex of Child: Female

Date of Birth: August 21 1922

Father: George Hofer
Full Name

Mother: Clara Noack
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Helen Hofer
Child's Name in Full

Clara Hofer
Signature of ~~Father~~ or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

389-118-006-369

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 9 1922 BUREAU OF VITAL STATISTICS

County of Bingham

City of Blackfoot

No. RD# 3 Registration District No. 121 File No. 104437

Hospital Primary Registration District No. 2194 Registered No. 359

FULL NAME OF CHILD Christian Raymond Christensen
(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet~~ or ~~other~~? and Number in order of birth	Legitimate?	Date of birth
Male	2nd (To be answered only in event of plural births)	Yes	Aug 18 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Nephi Christensen	FULL MAIDEN NAME	Laura Lorentzen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Norway
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A W Beck

(Physician [redacted]

Address Blackfoot Idaho

Filed Sept. 10 1922 Mrs Valeen E. Fabrel
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1942

719-122-006-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104438

County of Bingham

City of Blackfoot

No. RD#5 St.

Registration District No. 121 File No.

Hospital

Primary Registration District No. 2194 Registered No. 360

FULL NAME OF CHILD Lenn Maroy Garner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Aug 22 1921

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles LeRoy Garner	FULL MAIDEN NAME	Rye Marine Staples
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck M.D.

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot Idaho

Filed Sept 10 1922 Mrs Walter E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

A CERTIF

DECEASED

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot Ida

Street:

County: Bingham

File Number: 104438

Registration Dist. No.:

Date of Birth: Aug. 22 1922

Sex of Child: Male

Father: Charles Leroy Garner (Full Name)

Mother: Ruth Marine Staples (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lenn Marcy Garner
Child's Name in Full

Mrs. Le L Garner
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

317-230-006-984

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. North Stout St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104439

Registration District No. 121 File No.

Primary Registration District No. 1907 Registered No. 362

FULL NAME OF CHILD Myra Elizabeth Capps

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug 30 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Robert Oscar Capps	FULL MAIDEN NAME	Edith Myrtle Ryman
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Ohio
OCCUPATION	Draymen & Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Registrar.

(Signature) W. W. Beck

(Physician or midwife)

Address Blackfoot, Idaho

Filed Sept. 10 1922 Mrs Helen E. Tolman

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIR

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot Ida.

Street: 438 Stout St.

County: Bingham Co.,

File Number: 104439

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Aug. 30 192 2

Father: Robert Oscar Capps (Full Name)

Mother: Edith Marie Rymar (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Myra Elizabeth Capps
Child's Name in Full

Mrs. Oscar Capps
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

296-204-006-619

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Rich St.

Registration District No. 121

File No. 104440

Hospital

Primary Registration District No. 2194

Registered No. 363

FULL NAME OF CHILD Elma Brown

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		6	Yes	July 4 1922

What bactericidal solution was used in eyes? Argyrol 1% No.

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Nelson Brown	FULL MAIDEN NAME	Rowena Farnsworth
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) H H Simmons M D
(Physician or midwife)

Address Blackfoot Idaho

Filed Sept 10 1922 Mrs Nalen E Fabue
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

275-209-006-313

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. Rockford St.
Hospital

Registration District No. 121
File No. 109441
Primary Registration District No. 2194
Registered No. 36

FULL NAME OF CHILD Ruth Spencer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		10	Yes	July 9 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	Nelson Spencer	FULL MAIDEN NAME	Addie Tall
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Simmons M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed Sept. 10 1922 Mrs. Walter C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-210-006-299

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104442

County of Bingham
City of Blackfoot
No. Riverside St.
Registration District No. 121 File No.
Hospital Primary Registration District No. 2194 Registered No. 365

FULL NAME OF CHILD Mary Louise Nuay
(Certificate of no value without full name of child.)

Sex of Child Female | Twin, Triplet or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of birth July 10 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	U Kimball Nuay	FULL MAIDEN NAME	Cleo Kirman
RESIDENCE	Blackfoot Ida R 2	RESIDENCE	Blackfoot Ida R 2
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Simmons M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed Sept. 10 1922 Mrs Thalen E. Palmer
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1968

154-122-006-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. East Court St.
Hospital

Registration District No. 121 File No. 104443
Primary Registration District No. 1007 Registered No. 366

FULL NAME OF CHILD Walter Frederick Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	yes	July 22 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agno3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jens C Anderson	FULL MAIDEN NAME	Mommie L Carlson
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	[illegible] Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Simmons
M D
(Physician or midwife)

Address Blackfoot Ida

Filed Sept. 10 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595-220-006-691

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Kimball Registration District No. 121 File No. 104414

No. ..... St.

Primary Registration District No. 2194 Registered No. 367

Hospital .....

FULL NAME OF CHILD Nelda Floy Nielsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Feb 20 1922

FATHER		MOTHER	
FULL NAME	Ammon C. Nielsen	FULL MAIDEN NAME	Thera Forandsen
RESIDENCE	Kimball Idaho	RESIDENCE	Kimball Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3-10- A M. on the date above stated.

(Signature) Edward Teed M.D

Physician (Physician or midwife)

Address Firth Idaho

Filed Oct. 3 1922 Mrs Nalen E. Tolman Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

451-223-006-613

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

Registration District No. 121 File No. 109415

No. ..... St.

Primary Registration District No. 2194 Registered No. 368

Hospital .....

FULL NAME OF CHILD Wally Lafe Mead

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Feb 23 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John William Mead	Mary Walker
RESIDENCE	Basalt	Basalt
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Colorado	Lewisville Idaho
OCCUPATION	Clerk	wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11.20 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward Teed M.D.

Physician
(Physician or midwife)

Address Firth Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Oct. 3 1922 Mrs Hales E. Gabri

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1955

699-224-006-363

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Firth

No. ..... St.

Hospital .....

Registration District No. 121 File No. 104446

Primary Registration District No. 2194 Registered No. 369

FULL NAME OF CHILD Kate June Wring

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Mar 24th 1922

FATHER

FULL NAME Carl Albert Wring

RESIDENCE Basalt

COLOR White

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Minnesota

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Maude May Lockyer

RESIDENCE Basalt

COLOR White

AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Firth Idaho

OCCUPATION Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:50 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward Teed M.D.

Physician
(Physician or midwife)

Address Firth Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct. 3 1922 Mrs Hales E. Tolen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 9 1959

119-108-006-799

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Firth Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 104449

Primary Registration District No. 2184 Registered No. 372

FULL NAME OF CHILD John Wendell Jardine

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth 5 (Month) 8 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John Homer Jardine	FULL MAIDEN NAME	Mary Rose Griffen
RESIDENCE	Firth Idaho	RESIDENCE	Firth Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Clarkson Utah	BIRTHPLACE	Clarkson Utah
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Edward Ted M.D.

(Physician or midwife)

Address Firth Idaho

Filed Oct. 3 1922 Mrs Hales E. Tate

Registrar

NOV 5 1948

813/28-006-685

PLACE OF BIRTH

REC... OCT ... BUREAU STATIS...

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104452

County of Bingham

City of Moreland

Registration District No. 121 File No.

No. St.

Hospital Home

Primary Registration District No. 2194 Registered No. 375

FULL NAME OF CHILD Keith Abram Hatch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			2	Yes	1	28	1922

FATHER

FULL NAME: Jeremiah Hatch

RESIDENCE: Moreland

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Orangeville Utah

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Zyra Wheatley

RESIDENCE: Moreland

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Claykston Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a M. on the date above stated.

(Signature) Mary A Hatch
Midwife
(Physician or midwife)

Address Moreland Idaho

Filed Oct. 3 1922 Mrs. Helen E. Fabris
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-201-006-819

PLACE OF BIRTH

County of Bingham

City of Shelley

No. RD 7 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 9 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104453

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 376

FULL NAME OF CHILD Betty Louise Hall
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept 1 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Melvin Hall	FULL MAIDEN NAME	Florence Elizabeth Hargraves
RESIDENCE	Shelley R 2	RESIDENCE	Shelley R 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed Oct. 4 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Shelby R.F.D.2 — Street: ..... — County: Bingham

File Number: 104453

Registration Dist. No. .....

Date of Birth: September 1st 1922

Sex of Child: Female

Father: William Melvin Hall (Full Name) Mother: Florence Elizabeth Ha (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Betty Louise Hall
Child's Name in Full

William Melvin Hall
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has n protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com- ed to furnish certified copies of certificates of birth, it is im- nt that the certificates be filed with the BUREAU OF VITAL STATIS- and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

813-102-006-485

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 9 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 1 St.

Registration District No. 121 File No. 104484

Hospital

Primary Registration District No. 2194 Registered No. 377

FULL NAME OF CHILD Delos Wilder Hale
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 2 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Arden DeLoss Hale	FULL MAIDEN NAME	Rachel Dyl
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Beck
(Physician ~~or midwife~~)

Address Blackfoot Idaho

Filed Oct. 4 1922 Wm Hales E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Nov. 2 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Blackfoot; ~~Street~~ Route #1; County Bingham

File Number 104454

Registration Dist. No.

Sex of Child Male

Date of Birth Sept. 2 1922

Father Arden D. Hale (Full Name)

Mother Rachel Dyer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Delos Wilder Hale (Child's Name in Full)

Mrs. Arden D. Hale (Signature of Father or Mother)

JUL 13 1965

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

512-108-006-791

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. RFD 1 St.
Hospital

Registration District No. 121
Primary Registration District No. 2194
File No. 104455
Registered No. 378

FULL NAME OF CHILD Charles Edward Naslund
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 8 1921

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles Naslund	FULL MAIDEN NAME	Edith Gray
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Maine	BIRTHPLACE	Washington
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician ~~or midwife~~)
Address Blackfoot, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct. 4 1922 Mrs Hazel E. Talbot
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY

[illegible] FOR EACH CHILD [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Dec 24 1922

Place of Birth — City: Blackfoot

Street: Route 2

County: Bingham

File Number: 104455

Registration Dist. No.:

Date of Birth: Sept 8 1922

Sex of Child: Male

Father: Chas Naslund
Full Name

Mother: Edith Elizabeth
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Charles Edward Naslund
Child's Name in Full

Mrs. Edith Naslund
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are comd to furnish certified copies of certificates of birth, it is imnt that the certificates be filed with the BUREAU OF VITAL STATISand the same completed by furnishing the name of the child.

Gray

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

219-211-006-418

PLACE OF BIRTH

name added 8-24-82

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bingham

City of Blackfoot

No. R D # St.

CERTIFICATE OF BIRTH 104456

Registration District No. 121 File No.

Hospital Primary Registration District No. 2194 Registered No. 379

FULL NAME OF CHILD Madge Barksdale
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 11 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Clyde M. Barksdale	FULL MAIDEN NAME	Vira Dayley
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mississippi	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Buck
(Physician or midwife)

Address Blackfoot Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct. 4 1922 Mrs Hatten E. Tabor
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-9-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 19 1 59 PM '82

State of _____ } ss.
County of _____ }

Certificate No. 104456
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Barksdale (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 11, 1922 (Date of Event)

in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Madge May Barksdale

Subscribed and sworn to before me this 13TH day of August, 1982.

Notary Public, Harry R Jolly
Residing at Lakewood Cal
My commission expires June 6, 1986
(Seal)

x Madge Mae Lesher (Barksdale
Signature of Applicant
5814 Eastbrook Lakewood, calif.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Cert of Baptism from LDS Church gives Madge Barksdale born 9-11-22 at Blackfoot to Clyde M Barksdale and Vira Dayley as being baptised 12-3-32. Viewed by V.S.

Marriage License for Robert Calvin Lesher and Madge Barksdale issued 12-2-40 in Yuma County, California. Viewed by V.S.

AFFIDAVIT ORIGINAL CERTIFICATE
IDAHO DEPT OF HEALTH AND WELFARE

CHICAGO TITLE INSURANCE COMPANY

Staple

Staple

STATE OF CALIFORNIA
COUNTY OF Los Angeles } SS.

On 8-13-82 before me,
the undersigned, a Notary Public in and for said County and State,
personally appeared
MADGE LESHER
,

☐ personally known to me;
☒ proved to me on the basis of satisfactory evidence,
whose name IS subscribed to the within instrument and
acknowledged that SHE executed the same.

Signature Larry R Jolly

LARRY JOLLY
Name (Typed or Printed)
Notary Public in and for said County and State

OFFICIAL SEAL
LARRY R JOLLY
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires JUN 6, 1986

FOR NOTARY SEAL OR STAMP

1-117 MAINE **INDIVIDUAL**

915-216-006-893

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 9 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RF #3 St.

Registration District No. 121 File No. 104457

Hospital

Primary Registration District No. 2194 Registered No. 380

FULL NAME OF CHILD Elmer Ransom Ransom
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Sept 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William A. Ransom	FULL MAIDEN NAME	Emma Laura Hill
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Blackfoot Ida

Filed Oct. 4 1922 Mrs Walter E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASO
FILED FOR EACH CHI

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED
NOV 10 1922
BUREAU OF VITAL STATISTICS

Place of Birth: City Blackfoot

~~Street~~ R F D 3

County Bingham

File Number 104457

Registration Dist. No. .....

Sex of Child Female

Date of Birth Sept 16 1922.

Father William Austin Ransom (Full Name)

Mother Emma Laura Hill (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elma Ransom
Child's Name in Full

Mrs Wm A Ransom
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

432-1260006-432 OCT 6 1922

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland

No. ..... St.

Hospital .....

Registration District No. 121 File No. 104458

Primary Registration District No. 2194 Registered No. 381

FULL NAME OF CHILD William James McBride
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 26 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Virgil Mead McBride	FULL MAIDEN NAME	Ida Luella McKnight
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed Oct. 4 1922 Mrs Thaler E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 24 1942

AU

AL REASONS WHY A CERTIFICATE OF BIRTH SHO
H CHILD AR

SEP 8 1943

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moreland

Street: Idaho

County: Bingham

File Number: 104458

Registration Dist. No.: 28

Date of Birth: Sept. 26 1922

Sex of Child: Male

Father: Virgil Mead Mc Bride (Full Name)

Mother: Ida Luella Mc Krig (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William James Mc Bride. (Child's Name in Full)

Mrs Virgil Mc. Bride (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

389-129-006-438

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104960

County of Bingham
City of Blackfoot
No. R W # 4 St.
Registration District No. 121
File No.
Hospital
Primary Registration District No. 2194
Registered No. 353

FULL NAME OF CHILD John Mack Christiansen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 29 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Lehi Christiansen	Full Maiden Name Della McHenry
RESIDENCE	Blackfoot	Blackfoot
COLOR	White	White
AGE AT LAST BIRTHDAY	44 (Years)	33 (Years)
BIRTHPLACE	Utah	Tennessee
OCCUPATION	Farming	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck
(Physician or ~~midwife~~)
Address Blackfoot, Ida.

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed Oct. 4 1922 Mrs Hales E. Fabian
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

CHAGI PO

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH
... FOR EACH CHILD AND THE S...

DECEASED

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital im ance to have the full name included in the record. Kindly fill in the information requested in the blank and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS

Place of Birth
City Morrow
Street
County Bingham

File Number 104460

Registration Dist. No.

Date of Birth Sep 29 19

Sex of Child Male

Father Lehi Christiansen
Full Name

Mother Ella Belle Mo
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

John Mack Christiansen
Child's Name in Full

Lehi Christiansen
Signature of Father or Mother

- - - - - - - - - - -

th registration is part of every child's birthright.
establishes legally the date of the child's birth, parentage
nacy.
enables the Public Health Nurse to make sure the child has
ted from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

The correct age for purposes of school attendance.
Employment.
Protection under the law.
Military and jury duty.
Right to travel unmolested in foreign lands.
Right to vote.
Right to receive pensions and inherit property.
Furnishes acceptable evidence of genealogy.
Right to get married.
Just at this time while many of the Ex-Service men are com-
urnish certified copies of certificates of birth, it is im-
the certificates be filed with the BUREAU OF VITAL STATIS-
same completed by furnishing the name of the child.

LEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-227-006-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104461

County of Bingham

City of Blackfoot

No. City Cemetery St.

Registration District No. 121

File No.

Hospital

Primary Registration District No. 2194

Registered No. 384

FULL NAME OF CHILD Margaret Helen Wilson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 27 1927

What bacterioidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME	John George Wilson	FULL MAIDEN NAME Rhoda Walters
RESIDENCE	Blackfoot	RESIDENCE Blackfoot
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	New Zealand	BIRTHPLACE Utah
OCCUPATION	Sexton	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed Oct. 4 1927 Mrs Rhoda E. Walters
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho,

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street: R# 1

County: Bingham

File Number: 104461

Registration Dist. No.:

Sex of Child: Female

Date of Birth: September 27th, 1927

Father: John George Wilson (Full Name)

Mother: Rhoda Mary Walt (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margaret Helen Wilson (Child's Name in Full)

John George Wilson (Signature of Father or Mother)

THE NAME AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

194-107-006-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 121 File No. 104462

Primary Registration District No. 2194 Registered No. 385

FULL NAME OF CHILD Leonard Jim
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept. (Day) 7 (Year) 1922
Male		Yes	

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Peter Jim	FULL MAIDEN NAME	Mary Martin
RESIDENCE	Fort Hall, Idaho	RESIDENCE	Fort Hall, Idaho
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Fort Hall, Idaho	BIRTHPLACE	Fort Hall, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Blackfoot, Idaho

Filed Oct. 5 1922 Mrs Walter E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669-210-006-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Groveland St.

Registration District No. 121 File No. 104463

Hospital

Primary Registration District No. 2194 Registered No. 386

FULL NAME OF CHILD Bessie Worthen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Sept 10 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Joseph C. Worthen	FULL MAIDEN NAME	Anna Larsen
RESIDENCE	Blackfoot, Idaho #1	RESIDENCE	Blackfoot, Idaho #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 3.P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot, Idaho

Filed Oct. 5 1922 Walter E. Palmer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

947-125-006-855

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. Ward #4 St.
Registration District No. 121 File No. 104464
Hospital Primary Registration District No. 1007 Registered No. 857

FULL NAME OF CHILD Warren Burke
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	April 25 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Albert Rupp	FULL MAIDEN NAME	Hattie Hmelly
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ark.
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Mitchell. M. D.
(Physician or midwife)

Address Blackfoot, Idaho

Filed Oct. 5. 1922 Mrs Thalia E. Tabor
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1969

NOV 1 3 1956

493-228-006-663

PLACE OF BIRTH

RECEIVED 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104465

County of Bingham

City of Blackfoot

No. Ward #2 St.

Registration District No. 121 File No.

Hospital

Primary Registration District No. 1007 Registered No. 388

FULL NAME OF CHILD Ida L. Mittleider
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept (Day) 28 (Year) 1922
Female		Yes	

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Christian Mittleider	FULL MAIDEN NAME	Mary Wolff
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6. P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot Idaho

Filed Oct. 5 1922 Mrs Walter E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 30 1962

295-106-006-295

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
OCT 9 192
BUREAU OF VITAL STATISTICS

County of Bingham

City of Tabor

Registration District No. 121

File No. 104466

No. ..... St.

Primary Registration District No. 2194

Registered No. 389

Hospital Dwayne Henry

FULL NAME OF CHILD ~~Unnamed~~ Diesser

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate	Date of Birth
M	X		X	Yes	Aug 6 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Adrian Diesser	FULL MAIDEN NAME	Mary King
RESIDENCE	Tabor	RESIDENCE	Tabor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Mo
OCCUPATION	Section Boss	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot, Idaho

Filed Oct. 6 1922 Mrs Walter E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1942

312-117-006-631

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-3-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED OCT 1 1922 BUREAU OF V.

County of Bingham

City of Bkfr

No. RFD 4 St.

Registration District No. 121

File No. 104467

Primary Registration District No. 2194

Registered No. 390

Hospital James Riley Casey

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	X	X	Yes	Aug 17 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward R Casey	FULL MAIDEN NAME	Beatrice Staten
RESIDENCE	Bkfr RFD 4	RESIDENCE	Bkfr RFD 4
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Sheep herder	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.50 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Black Foot Idaho

Filed Oct 5 1922 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 17 1942

266-100-006-863

PLACE OF BIRTH

County of Bingham

City of Bekyr

No. RFD 4 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104468

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 391

FULL NAME OF CHILD ~~[illegible]~~ Koompin

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	X		X	Yes	Sept 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Thomas Koompin	FULL MAIDEN NAME	Hedwig Holz
RESIDENCE	Bekyr RFD 4	RESIDENCE	Bekyr. RFD 4
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Greece	BIRTHPLACE	Germany
OCCUPATION	farmer	OCCUPATION	Hsewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot - Idaho

Filed Oct. 5 1922 Mrs Walter E. Patrick

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-213-006-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. ..... St.
Hospital .....

Registration District No. 121 File No. 104470
Primary Registration District No. 2194 Registered No. 393

FULL NAME OF CHILD Violet Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 6 (Day) 13 (Year) 1922
Female		yes	

What bactericidal solution was used in eyes? silver nitrate sol 2%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	James M Jensen	FULL MAIDEN NAME	Ann Lindlay
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.
(Physician or midwife)

Address Blackfoot, Ida

Filed Oct. 6 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

163-208-006-243

PLACE OF BIRTH

RECEIVED
OCT 9 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 121 File No. 104471

Hospital ..... Primary Registration District No. 2194 Registered No. 394

FULL NAME OF CHILD Dorine Jolley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 6 (Day) 8 (Year) 1922
Female		yes	

What bactericidal solution was used in eyes? Silver nitrate sol 2%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	E. L. Jolley	FULL MAIDEN NAME	Dethas Butler
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Humphries MD
(Physician or midwife)

Address Blackfoot Ida

Filed Oct. 6 1922 Mrs Thalia E. Eaton
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

381-224-006-813

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED OCT 1922 BUREAU OF VITAL STATISTICS

County of Bingham
City of Blackfoot
No. ..... St.
Hospital .....

Registration District No. 121 File No. 104472
Primary Registration District No. 2194 Registered No. 395

FULL NAME OF CHILD Lillian Chapman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 8 (Day) 24 (Year) 1922
Female		yes	

What bactericidal solution was used in eyes? Silver nitrate 2% sol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	J Franklin Chapman	FULL MAIDEN NAME	Blanche Hale
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed Oct. 6 1922 Mrs Helen E. Fabrie
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-224-006-169

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. ..... St.
Hospital

Registration District No. 121
Primary Registration District No. 2194

File No. 104473
Registered No. 396

FULL NAME OF CHILD Vivian Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	8 / 24 / 1922

What bacterioidal solution was used in eyes? Silver Nitrate 2% sol.

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Everin Jensen	FULL MAIDEN NAME Hannah Jorgensen
RESIDENCE	Blackfoot Idaho	Blackfoot Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	30
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hampton M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed Oct. 6 1922 Thos. E. Valentine
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 26 1941

213-104-006-917

PLACE OF BIRTH

STATE [redacted] DEPARTMENT OF [redacted] ELFARE
BUREAU OF [redacted] ICS
CERTIFIC[redacted] RTH

County of Bingham
City of Blackfoot
No. Pingree St.
Hospital

Registration District No. 12[redacted] File No. 104474
Primary Registration District No. 2194 Registered No. 397

FULL NAME OF CHILD Lynn Raymond Bales
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Aug 4 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Walter O Bales	FULL MAIDEN NAME Bertha A Rapp
RESIDENCE Pingree Idaho	RESIDENCE Pingree Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Ill	BIRTHPLACE Mo
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at [redacted] M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons M D
(Physician or midwife)

Address Blackfoot Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct 6 1922 Mrs Wales E Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 25 1957

266-102-007-564

[redacted] OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104475

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

[redacted] Blaine

City of Gannett

No. ..... St.

Hospital .....

Registration District No. 57

Primary Registration District No. 2022

File No. .....

Registered No. 65

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child Male

Twin, Triplet or other? ..... **and Number in order of birth** .....
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth (Month) 7 (Day) 2 (Year) 192 2

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER

FULL NAME Meryl L. Bowers

RESIDENCE Gannett, Ida

COLOR White **AGE AT LAST BIRTHDAY** 22 (Years)

BIRTHPLACE Minnesota

OCCUPATION Mechanic

MOTHER

FULL MAIDEN NAME Florence Jane Homer

RESIDENCE Gannett, Ida

COLOR White **AGE AT LAST BIRTHDAY** 18 (Years)

BIRTHPLACE Iowa.

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), **at** 3:30 9 M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Robert H. Wright M.D.
(Physician or midwife)

Address Hailey Ida

Filed July 8 192 2 Robert H. Wright
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396.2021 007-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Blaine

City of Belleme

No. ____ St.

Hospital ____

AMENDED June 6, 1946

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 104476

Primary Registration District No. 2022 Registered No. 66

FULL NAME OF CHILD Wilma Mary Carol Crone
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	July 2, 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: W. Chester Crone	FULL MAIDEN NAME: Myrtle Beck
RESIDENCE: Belleme, Ida.	RESIDENCE: Belleme, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Oregon
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright, M. D.

(Physician or midwife)

Address Hailey Idaho

Give names added from a supplemental report.

...., 192....

Registrar.

Filed July 8, 1922 Robert H. Wright
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Lane }

Certificate No. 104476
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Wilma Mary Crone (Name on original certificate) who born (Was born or died) on July 2, 1922 (Date of event)
in Pocabo Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Nov 17 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Crone	Wilma Mary Crone
		Wilma Mary Carol Crone

Subscribed and sworn to before me this 17
day of Nov, 1941.
M L Bryant
Notary Public, residing at Veneta Oregon
My commission expires April 14-1942
[SEAL]

Signed Myrtle V Crone
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Veneta Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Lane }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17
day of Nov, 1941.
M L Bryant
Notary Public, residing at Veneta
My commission expires April 14-1942
[SEAL]

Signed William Chester Rose
(Signature of any credible person other than the previous affiant.)
Veneta Oregon
(Street Address, City, State)

NOV 19 1941

Received for filing on ..... By .....
(Registrar's signature)

MAR 27 1969

455-205-007-535

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine
City of Hailey
No. ____ St. ____ District No. 57 File No. 104477
Hospital ____ Primary Registration District No. 2022 Registered No. 67

FULL NAME OF CHILD Angeles Menchaca
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	7 5 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Dick Menchaca	FULL MAIDEN NAME Tomasa Elesgaray
RESIDENCE Hailey, Ida	RESIDENCE Hailey, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Spain	BIRTHPLACE Spain
OCCUPATION Rooming House	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:30 A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.
(Physician or midwife)

Address Hailey, Ida

Give names added from a supplemental report.

....., 19.....

Filed 7-10 1922 Robert H. Wright
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693402-002-795

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF V[illegible]

CERTIFICATE OF BIRTH

County of Blaine

City of Carey — [illegible] District No. 57 — File No. 104478

No. ____ St. ____

Primary Registration District No. 2025 — Registered No. 68

Hospital ____

FULL NAME OF CHILD Marvin Dawain Wilde

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	July 2 1922

FATHER

FULL NAME: Albert F Wilde

RESIDENCE: Carey

COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Eva V Green

RESIDENCE: Carey

COLOR: White — AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Houston E Snyder

Physician
(Physician or midwife)

Address Carey Idaho

Filed 7-10 1922 Robert H. Wright
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 19[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Carey
- Street: Idaho
- County: Blaine

File Number: 104478

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Second July 192[illegible]

Father: Arnold Francis
Full Name

Mother: Eva U. R. M. Green
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Marvin Darwin Wilde
Child's Name in Full

Albert F. Wilde
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133d03.007-893

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Blaine

CERTIFICATE OF BIRTH

City of Hailey

Registration District No. 57 File No. 104480

No. ..... St.

Primary Registration District No. 2022 Registered No. 70

Hospital .....

FULL NAME OF CHILD Ruth Marjorie Allen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	May 3 1922

	FATHER	MOTHER
FULL NAME	John Henry Allen	FULL MAIDEN NAME Grace May Hildreth
RESIDENCE	Hailey Idaho	RESIDENCE Hailey
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Bellevue Idaho	BIRTHPLACE Sprague Okla
OCCUPATION	Cashier	OCCUPATION Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a M. on the date above stated.

(Signature) C. H. Teed M.D.

(Physician or midwife)

Address Hailey Idaho

Filed 9-10 1922 Robert H. Wright Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

JUL 3 0 1974

38-22 4 007-712

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

104481

County of Blaine

City of Hailey Idaho

Registration District No. 57 File No.

No. St.

Primary Registration District No. 2022 Registered No. 71

Hospital

FULL NAME OF CHILD Mildred Maxine Charon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	6 - 24 - 22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mr. Charon	Vesta Mildred Gastone
RESIDENCE	Denver Colo	Denver Colo
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Victor Colo	Fillmore Mael
OCCUPATION	Cook	wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6- P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Jared M.D.

(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report.

19

Registrar

Filed 7-10 19 22 Robert H. Wright

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-2006.007-285

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

County of Blaine

City of North Star Registration District No. 57 File No. 104482

No. ..... Street .....

Primary Registration District No. 2022 Registered No. 72

Hospital .....

FULL NAME OF CHILD Ruth Helen Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	7 6 1922

FATHER	MOTHER
FULL NAME Clinton J. Allen	FULL MAIDEN NAME Lizzie Mary Shepherd
RESIDENCE North Star Idaho	RESIDENCE North Star Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Baker Oregon
OCCUPATION Store Keeper	OCCUPATION Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.50 a.m. on the date above stated.

(Signature) E. H. Reed M.D.

(Physician or midwife)

Address Hailey, Idaho

Filed 9-10 1922 Robt. H. Wright. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

NOV 15 1943

249-105-007-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Blaine

City of J. Miles Smith of Picabo

No. ..... St.

Hospital .....

RECEIVED SEP 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 57 File No. 104483

Primary Registration District No. 2022 Registered No. 72

FULL NAME OF CHILD Marne Grant Smith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		6th	yes	July 5 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jess A Smith	Addie B. Chisholm
RESIDENCE	Blaine Co	Blaine Co
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	50	33
BIRTHPLACE	Mo	Texas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 6 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L. T. Brock

M. D.
(Physician or midwife)

Address Hailey Idaho

Filed 9-10 1922 Robert H. Wright
Registrar

STATE OF
NEW MEXICO PUBLIC WEL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Oct 4 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Picabo, Idaho.

Street: .....

County: Blaine

File Number: 104483

Registration Dist. No. .....

Date of Birth: July 5th 1922.

Sex of Child: Male

Father: Jesse Asa Smith. (Full Name)

Mother: Addie Bell Chisholm. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marna Grant Smith (Child's Name in Full)

Mrs. Jesse A. Smith (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

OCT 21 19[illegible]

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

699-112-007-696

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of 3 Miles West of Gannett

No. ..... St.

Hospital .....

Registration District No. 57

File No. 104484

Primary Registration District No. 2022

Registered No. 74

FULL NAME OF CHILD Wright

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	7	yes	July (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	D. G. Wright	FULL MAIDEN NAME	Nancy Frome
RESIDENCE	Blaine Co	RESIDENCE	Blaine Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 120 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. T. Brock

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hailey Idaho

Filed 9-10 1922 Robert H. Wright
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

257-221-007-294

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Ketchum

No. ..... St.

Hospital .....

Registration District No. 57

File No. 104485

Primary Registration District No. 2022

Registered No. 75

FULL NAME OF CHILD Margaret Louise Sextin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1st	yes	July (Month) 21 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Elbert N. Sextin	FULL MAIDEN NAME	Amy I. Brunker
RESIDENCE	Shoshone Idaho	RESIDENCE	Shoshone Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Truck Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10.15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. T. Brock

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hailey Idaho

Filed 9-10 1922 Robert H. Wright
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

22-402328

625-28-007-921

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Blaine

City of Ketchum

No. ..... St.

Hospital .....

SEP 15 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 57 File No. 104486

Primary Registration District No. 2022 Registered No. 76

FULL NAME OF CHILD Delight Violet Abenchain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	Yes	July 28 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Artie L. Abenchain	Violet Josephine Isaacson
RESIDENCE	Ketchum	Ketchum
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Idaho	Ill.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. July 28 1922, at 4.45 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Brock

M D (Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-10 1922 Velma H. Wright Registrar

NOV 18 1942

MAY 1 1 1967

864-131-007-685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hailey Smith of Bellevue

No. ..... St.

Hospital .....

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

Registration District No. 57

File No. 104487

Primary Registration District No. 2022

Registered No. 77

FULL NAME OF CHILD James Marion Young

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	July 31 1922

FATHER		MOTHER	
FULL NAME	Angus Young	FULL MAIDEN NAME	Elva A Wheeler
RESIDENCE	Sil Miles South of Bellevue	RESIDENCE	Sil Miles South of Bellevue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L T Brach

M D (Physician or midwife)

Address Hailey Idaho

Filed 9-10 19 22 Robert H. Wright Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vita
ance to have the full name included in the record. Kindly fill in the information requested in the bla
and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATIST

Place of Birth — City: Gannett

Street: .....

County: Blaine

File Number: 104487

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: July 31

Father: Angus Young (Full Name)

Mother: Elva Althea (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Marion Young (Child's Name in Full)

Mrs. Elva Young (Signature of Father or Mot

SEP 1 1966

..192...

AL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
H CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

l import-
nk below

istration is part of every child's birthright.
ishes legally the date of the child's birth, parentage

TICS.

es the Public Health Nurse to make sure the child has
rom danger of blindness and other infections at birth.

- IT SHOWS AT LATER PERIODS OF LIFE: - - - -

orrect age for purposes of school attendance.
yment.
ction under the law.
..192.. ary and jury duty.
to travel unmolested in foreign lands.
to vote.
to receive pensions and inherit property.
shes acceptable evidence of genealogy.
to get married.
at this time while many of the Ex-Service men are com-
h certified copies of certificates of birth, it is im-
certificates be filed with the BUREAU OF VITAL STATIS-
e completed by furnishing the name of the child.

her

E ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

451-110 107-619

PLACE OF BIRTH

RECEIVED SEP 19 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104488

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

Registration District No. 57 File No. ____

Primary Registration District No. 2022 Registered No. 78

FULL NAME OF CHILD Robert Ferrell Deasy

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	8 10 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Timothy F. Deasy	Stella E. Farrell
RESIDENCE	Hailey Idaho	Hailey, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	31
BIRTHPLACE	California	Hailey, Ida
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Robert H. Wright M.D.
(Physician or midwife)

Address Hailey, Ida

Filed 9-1 1922 Robt. H. Wright
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
APR 28 1923
BUREAU OF VITAL STATISTICS

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hailey

Street: .....

County: Blaine

File Number: 104488

Registration Dist. No. .....

Date of Birth: Aug. 10 1922

Sex of Child: Male

Father: Jim Francis Deasy (Full Name)

Mother: Stella Farell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Farrell Deasy (Child's Name in Full)

Stella Deasy (Signature of Father or Mother)

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

793-512-007-466

PLACE OF BIRTH

RECEIVED
SEP 19 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine
City of Hailey
No. ..... St.
Registration District No. 57
File No. 104489
Hospital
Primary Registration District No. 2022
Registered No. 79

FULL NAME OF CHILD Gertrude Gillispie
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	8 12 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Clyde R. Gillispie	FULL MAIDEN NAME Vera C. Moore
RESIDENCE Stanley, Ida	RESIDENCE Stanley, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright. M.D.
(Physician or midwife)

Address Hailey Ida

Filed 9-1 1922 Robt. H. Wright
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 6 1976

336-213-007-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104490

RECEIVED SEP 19 192- BUREAU OF VITAL STATISTICS

County of Blaine

City of Bellevue

No. ..... Registration District No. 57 File No. .....

Hospital ..... Primary Registration District No. 2022 Registered No. 80

FULL NAME OF CHILD Mary Claughton

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8-13 192 2

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Arthur Claughton	FULL MAIDEN NAME	Margaret Hazeltine
RESIDENCE	Bellevue, Ida	RESIDENCE	Bellevue, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey, Ida

Filed 9-1 192 2 Robert H. Wright

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 6 1943

219-214-607-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104491

County of Blaine

City of Gannett

No. ..... St. Registration District No. 57 File No. .....

Hospital ..... Primary Registration District No. 7022 Registered No. 81

FULL NAME OF CHILD Myrtle Keanette Barber

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (to be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8 14 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

	FATHER	MOTHER
FULL NAME	William Barber	FULL MAIDEN NAME Ruth Scott
RESIDENCE	Gannett, Ida.	RESIDENCE Gannett, Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	39	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Robert H. Wright M.D.
(Physician or midwife)

Address Hailey, Ida

Filed 9-1 1922 Robert H. Wright
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

21 [illegible]

SEVERAL REASONS WHY A CERTIFICATE OF
LED FOR EACH CHILD AND THE SAME OC[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bellevue

Street:

County: Blaine

File Number: 104491

Registration Dist. No.: 9

Date of Birth: August 14 1922

Sex of Child: Female

Father: Wm Barber
Full Name

Mother: Ruth Hazel Scott
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Myrtle Jeanett Barber.
Child's Name in Full

Myrtle.

Wm Barber.
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

RECEIVED
SEP 19 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St. .....

Registration District No. 57 File No. 104492

Hospital ..... Primary Registration District No. 2022 Registered No. 82

FULL NAME OF CHILD Joseph John Wurst.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8 - 20 ... 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Henry Lewis Wurst	FULL MAIDEN NAME	Josephine Hunter
RESIDENCE	Hailey, Ida	RESIDENCE	Hailey, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.
(Physician or midwife)

Address Hailey, Ida

Filed 9-1 1922 Robert H. Wright
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN [illegible]

FEB 11 1942

JAN 23 1973

AUG 28 1958

493-123-007-622

PLACE OF BIRTH

RECEIVED SEP 19 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Gannett

No. ..... St. ..... Registration District No. 57 File No. 104493

Hospital ..... Primary Registration District No. 2022 Registered No. 83

FULL NAME OF CHILD Robert Austin Miller

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8 23 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Uriah S. Miller	FULL MAIDEN NAME Thora Belle Osborn
RESIDENCE Gannett, Ida	RESIDENCE Gannett, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:25 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) Robert H. Wright. M.D.

(Physician or midwife)

Address Hailey, Ida

Filed 9-1 1922 Robert H. Wright. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WHY A CERTIFICATE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Garnett

Street: .....

County: Blaine

File Number: 104493

Registration Dist. No.: .....

Date of Birth: Aug. 23 1922

Sex of Child: Male

Father: Noah Samuel Miller (Full Name) Mother: Thora Belle Osborne (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Clinton Miller
Child's Name in Full

U. S. Miller
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

236-324-007-366

PLACE OF BIRTH AMENDED 7/11/46

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Registration District No. 57 File No. 104494

Hospital ____ Primary Registration District No. 2022 Registered No. 84

FULL NAME OF CHILD Dorothy Maxine Storey
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Aug. 24 1922

What bacterieidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: George Bryan Storey	FULL MAIDEN NAME: Edith M. Cook
RESIDENCE: Hailey Idaho	RESIDENCE: Hailey Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Montana
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright, M. D.
(Physician or Midwife)

Address Hailey, Idaho

Filed 9/1/ 1922 Robert H. Wright
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395 -231-007-962

PLACE OF BIRTH

RECEIVED
SEP 19 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104495

County of Blaine

City of Hailey

No. ____ St.

Hospital

Registration District No. 57

Primary Registration District No. 2022

File No.

Registered No. 85

FULL NAME OF CHILD ____ (Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8 31 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Jesse James Vre Non	FULL MAIDEN NAME	Bertha Roberts
RESIDENCE	Hailey, Ida	RESIDENCE	Hailey, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Canada	BIRTHPLACE	California
OCCUPATION	Mental Healer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

____, 19____

____ Registrar.

(Signature) Robert H. Wright. M.D.

(Physician or midwife)

Address Hailey Ida

Filed 9-1 1922 Robert H. Wright Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby, was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number 104495

Registration Dist. No. .....

Sex of Child....Female.....

Date of Birth .....192....

Father ..... Mother .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

451-209-007-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 104496

Primary Registration District No. 2022 Registered No. 86

FULL NAME OF CHILD Zella May Dealy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	4th	yes	Aug 9 1922

FATHER		MOTHER	
FULL NAME	Robert L. Dealy	FULL MAIDEN NAME	Hattie Croford
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. T. Broch

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hailey Idaho

Filed 9-1 1922 Robert H. Wright

Registrar

Registrar

MAY 2 4 1943

795-127-007-44 [redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Picabo

Registration District No. 57

File No. 104497

No. ..... St.

Primary Registration District No. 2022

Registered No. 87

Hospital .....

FULL NAME OF CHILD Raymond Cecil Green

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	5th	Yes	Aug (Month) 27 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	C. J. Green	FULL MAIDEN NAME	Jennie Dunfee
RESIDENCE	3 Miles South of Picabo	RESIDENCE	3 Miles South of Picabo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. T. Brock

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hailey Idaho

Filed 9-1 1922 Robert H. Wright

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 30 1973

JUN 8 1951

693-120-007-372

PLACE OF BIRTH

RECEIVED
SEP 19 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Obsidian

No. ..... St.

Hospital .....

Registration District No. 57 File No. 104498

Primary Registration District No. 2022 Registered No. 88

FULL NAME OF CHILD Morgan Casto Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 20 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Dave M. Williams	FULL MAIDEN NAME: Carrie Casto
RESIDENCE: Obsidian, Ida	RESIDENCE: Obsidian, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Penn-	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Banning
midwife
(~~Physician~~ or midwife)

Address Ketchum, Ida

Filed 9-1 1922 Robert H. Wright
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 7 1942

962-115-007-766

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 19 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Registration District No. 57 File No. 104499

Hospital ____ Primary Registration District No. 2022 Registered No. 89

FULL NAME OF CHILD William Lawrence Robertson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	7 15 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Joseph W. Robertson	Minerva V. Goodman
RESIDENCE	Hailey, Ida	Hailey, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright. M.D
(Physician or midwife)

Address Hailey, Ida

Filed 9-1 1922 Robert H. Wright.
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of ~~Ritzville~~ Ada

Certificate No. 104499

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 15 1922 (DATE OF EVENT)
in Hanley Hos. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Great-Aunt (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	William Lawrence Robertson

Subscribed and sworn to before me this 13th day of April, 1942.

Mary B. Edwards
Notary Public, residing at Boise, Idaho.
My commission expires November 6, 1944.
(SEAL)

Signed Dora Goodman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Route 2, Boise, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Ada

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

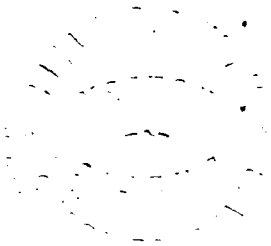
Subscribed and sworn to before me this 13th day of April, 1942.

Mary B. Edwards
Notary Public, residing at Boise, Idaho.
My commission expires November 6, 1944.
(SEAL)

Signed R. W. Goodman
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Box 1187
(STREET ADDRESS, CITY, STATE)
Boise, Idaho.

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUL 1 1958



213-124-007-666

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Gannett

Registration District No. 57 File No. 104500

No. ..... St.

Primary Registration District No. 2022 Registered No. 90

Hospital .....

FULL NAME OF CHILD Glen Wesley Salisbury

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	7 24 1922

	FATHER	MOTHER
FULL NAME	Wesley Allen Salisbury	Cora Margaret Woodward
RESIDENCE	Gannett Idaho	Gannett Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Utah	Aurora Neb
OCCUPATION	Clerk	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P M. on the date above stated.

(Signature) Eli. Teed

Physician (Physician or midwife)

Address Hailey Idaho

Filed 9-10 1922 Robert H. Wright Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City ....Gannett....
Street .....
County ....Blaine....

File Number ....104500....

Registration Dist. No. .....

Sex of Child ....Male....

Date of Birth .....192....

Father ....Wesley Allen Salisbury....
Full Name

Mother ....Cora Margaret Wa[illegible]....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

....Glen Wesley Salisbury....
Child's Name in Full

....Mrs Wesley A. Salisbury....
Signature of Father or Mother

DEC 28 1945
MAR 6 1944
FEB 21 1948

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

553-230-007-298

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

Registration District No. 57 File No. 104501

No. ..... St.

Primary Registration District No. 2022 Registered No. 91

Hospital .....

FULL NAME OF CHILD Betty Charlotte Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	8 (Month) 30 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Alfred Nelson	FULL MAIDEN NAME	Mary Ann Bryden
RESIDENCE	Bellevue Idaho	RESIDENCE	Bellevue Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	77 (Years)	AGE AT LAST BIRTHDAY	70 (Years)
BIRTHPLACE	Pegram Idaho	BIRTHPLACE	Bellevue Idaho
OCCUPATION	Section hand	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Teed

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Hailey Idaho

Filed 9-10 1922 Robert H. Wright Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/15-211-007-361

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
SEP 19 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

Registration District No. 57 File No. 104502

No. ____ St.

Primary Registration District No. 2075 Registered No. 92

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	May 11 1922

FATHER		MOTHER	
FULL NAME	Fredrick W Davis	FULL MAIDEN NAME	Annie M Coates
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	W Fite	COLOR	W Fite
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn), at 10:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Houston O Snyder

Physician
(Physician or midwife)

Address Carey Idaho

Filed 9-13 1922 Robert H. Wright
Registrar

819-206-087-497

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 19 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104503

County of Blaine

City of Carey

Registration District No. 57 File No.

No. St.

Primary Registration District No. 2075 Registered No. 93

Hospital

FULL NAME OF CHILD Betty Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 6 1922

FATHER		MOTHER	
FULL NAME	Harold P Harris	FULL MAIDEN NAME	Iola E Sux
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:10 P M. on the date above stated.

(Signature) Houston E Snyder

Physician

(Physician or midwife)

Address Carey Idaho.

Filed 9-13 1922 Robert H. Wright

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Carey

Place of Birth — Street: .....

Place of Birth — County: Blaine

File Number: 104503

Registration Dist. No. .....

Sex of Child: ~~X~~ Female

Date of Birth: August 6th 192.2.

Father: Harold P. Harris (Full Name)

Mother: Lola E. Dee (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Betty Harris
Child's Name in Full

Lola Harris
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

294207-007-36 3

RECEIVED SEP 19 1922 BUREAU OF VITAL STATISTICS

Name added 5-9-88 JLH

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

Registration District No. 57 File No. 104504

No. ..... St.

Primary Registration District No. 2075 Registered No. 94

Hospital

FULL NAME OF CHILD VELDA MARIE SIMPSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	8 - 7 1922

FATHER		MOTHER	
FULL NAME	Clarence Simpson	FULL MAIDEN NAME	Ethel May Coleman
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:50 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder

Physician
(Physician or midwife)

Address Carey Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9-13 1922 Robert H. Wright
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made and the number of each, in order of birth, stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 9 10 27 AM '88

State of Idaho
County of Ada } ss.

Certificate No. 104504
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Simpson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 7, 1922 (Date of Event)

in Carey (Blaine) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
dhild's name	omitted	Velda Marie Simpson

Subscribed and sworn to before me this 9 day of May, 1988.

Notary Public Janice L. Hughes

Residing at Boise Ada Idaho

My commission expires July 9, 1993

(Seal)

X Velda M. Shaw
Signature of Applicant

X 1801 Shoshone Boise
Street Address, City, State Id. 83705

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ✓)

State of
County of } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ___ day of ___, 19___.

Notary Public,

Residing at

My commission expires

(Seal)

Supporting Signature

Street Address, City, State

Blessing certificate from LDS church, Carey Ward, Blaine Stake, shows Velda Marie Simpson daughter of Clarence Simpson and Ethel M. Coleman was born August 7, 1922 at Carey, Blaine, Idaho and was blessed Nov. 5, 1922 by Pres. Wm L Adamson. Viewed by V.S.

Own son's birth certificate show's Dan A. Shaw born Feb. 29, 1956 in Boise, Ada, Idaho to Charles Bruner Shaw and Velda Marie Simpson. State File No. 56-1227. Viewed by V.S.

437.226.007-613

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
SEP 19 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

Registration District No. 57 File No. 104505

No. ____ St.

Primary Registration District No. 2075 Registered No. 95

Hospital ____

FULL NAME OF CHILD Ethel Olga McGarey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				yes	8	26	1922

FATHER		MOTHER	
FULL NAME	Raymond H. McGarey	FULL MAIDEN NAME	Mildred Hale
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:40 a M. on the date above stated.

(Signature) Houston E Snyder

Physician

(Physician or midwife)

Address Carey Idaho

Filed 9-13 1922 Robert H. Wright

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

1922 VITAL STATISTICS

Place of Birth — City: Carey

Street: .....

County: Blaine

File Number: 104505

Registration Dist. No. .....

Date of Birth: Sept. 26 192?

Sex of Child: Female

Father: Raymond H. McGary (Full Name)

Mother: Mildred Hale (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ethel Olga McGary (Child's Name in Full)

Raymond H McGary (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]E OF BIRTH

313-210-009-618

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

No. — St.

Registration District No. 85 File No. 194506

Hospital —

Primary Registration District No. 2185 Registered No. 205

FULL NAME OF CHILD ~~[illegible]~~ Josephine Calistro
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug 10 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	John Calistro	FULL MAIDEN NAME	Octiva Fayo
RESIDENCE	Priest River Ida	RESIDENCE	Priest River, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Italy	BIRTHPLACE	Belgium
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:00 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Priest River Ida

Filed Sept 1 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 192....

..... Registrar.

JUN 18 1942

OCT 25 1944

FEB 15 1973

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-703-009-742

PLACE OF BIRTH

SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

No. — St.

Hospital —

Registration District No. 85

Primary Registration District No. 2185

File No. 104507

Registered No. 204

FULL NAME OF CHILD Lee Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 3 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Edd Brown	FULL MAIDEN NAME	Alvina Gustman
RESIDENCE	Priest River, Ida	RESIDENCE	Priest River, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	N. Y.	BIRTHPLACE	N. Y.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. T. Geoff

Physician
(Physician or midwife)

Address Priest River, Idaho

Filed Sept 1, 1922 C. T. Geoff
Registrar.

Give names added from a supplemental report.

C. T. Geoff, 192

Registrar.

249-212-009-455

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

No. — St. Registration District No. 85 File No. 104508

Hospital — Primary Registration District No. 2185 Registered No. 207

FULL NAME OF CHILD Rosaline Martha Burns
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug 12 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm. Burns	FULL MAIDEN NAME	Ellen Mennie
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Kansas	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Getzlaff

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Priest River, Ida.

Filed Sept 1 1922 C. J. Getzlaff Re[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-129:009-153

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104509

County of Bonner
City of Priest River,
No. ..... St.
Registration District No. 85
File No. 3
Hospital Priest River Hospital
Registration District No. 2185
Registered No. 207

FULL NAME OF CHILD George Thomas Dart.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 29 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Harold Dart	FULL MAIDEN NAME Viola Jeter
RESIDENCE Priest River, Ida,	RESIDENCE Priest River, Ida,
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Wash.	BIRTHPLACE Ill.
OCCUPATION Grain Dealer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Gustafson

Physician
(Physician or midwife)

Address Priest River, Ida.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Aug 26 1922 C. J. Gustafson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 12 1964

996-108-009-689

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104510

County of Bonner

City of Sandpoint

No. Rural St.

Registration District No. 78 File No.

Hospital —

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Raymond Loyd Riffle
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	8 - 8 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Chas Ernest Riffle	FULL MAIDEN NAME	Jennie Lee Wise White
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	N.Y.	BIRTHPLACE	Arkansas
OCCUPATION	Rancher	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6 17 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Starkhouse

M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Sandpoint

Filed Sept 4 1922 Iola Allen Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 8 1960

DECEASED

962-210-009-967

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

County of Bonner

City of Sandpoint

No. 54 Milltown

Registration District No. 78 File No. 104511

Hospital —

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Roberta May Roberts.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes.	8 - 10 - 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Claude Roberts	FULL MAIDEN NAME	Maude Rogers.
RESIDENCE	54 Milltown Sandpoint	RESIDENCE	54 Milltown - Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	47.	AGE AT LAST BIRTHDAY (Years)	32.
BIRTHPLACE	Knox Co. Mo.	BIRTHPLACE	La Peer, Mich.
OCCUPATION	Millwood	OCCUPATION	Huf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:35 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Starchouse

MD
(Physician or midwife)

Address Sandpoint

Filed Sept 4 1922 Iva Allen
Deputy Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-21-009-462

PLACE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104512

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. 18 File No. .....

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Edath Esther Burt
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	Aug. 11 1922

What bactericidal solution was used in eyes? Silver Nitrate.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: John B. Burt	FULL MAIDEN NAME: Minnie Dobroth
RESIDENCE: Sandpoint	RESIDENCE: Sandpoint
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Wisconsin
OCCUPATION: Fireman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O F Page M.D.

Physician (Physician or midwife)

Address Sandpoint, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 4 1922 Viola Allison Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEPARTMENT

DEPARTMENT OF PUBLIC

Boise, Idaho, D... 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sandpoint

Street: .....

County: Bonner

File Number: 104512

Registration Dist. No. .....

Date of Birth 11 Aug 1922.

Sex of Child: Female

Father: John Daves Burt. (Full Name)

Mother: Minnie Elizabeth Do... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Edath Esther Burt. (Child's Name in Full)

Mrs. J. D. Burt. (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage i legitimacy.

It enables the Public Health Nurse to make sure the child has en protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

293-103-009-268

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. 1 File No. 104513

Hospital City

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Aug. 3, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Fred Kitchen	FULL MAIDEN NAME: Alice Boylen
RESIDENCE: Sandpoint	RESIDENCE: Sandpoint
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 56 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Canada	BIRTHPLACE: Minn.
OCCUPATION: Lumberman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) O. A. Payne M.D.

Physician (Physician or midwife)

Address Sandpoint, Idaho

Filed Sept 4 1922 Viola Allen Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-206-009-281

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint, No. St.

Registration District No. 7F

File No. 104514

Hospital

Primary Registration District No. 2155

Registered No.

FULL NAME OF CHILD Frances Edith Ellen Schevenius

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Aug. 6 1922

What bactericidal solution was used in eyes? AgNo3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ernest Schevenius	FULL MAIDEN NAME	Blanche Shafer
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Iowa
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 7:30 A. M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. Wallentine

Physician
(Physician or midwife)

Address Sandpoint

Filed Sept 4 1922 Viola Allen Deputy Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1 1987

815-209-009-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104515

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 18 File No. .....

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Eileen Verda Hanson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes.	August 9 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ralph Hanson	FULL MAIDEN NAME	Verda Klaus
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ill.	BIRTHPLACE	Minn.
OCCUPATION	Cook.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Wallentine

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Sandpoint, Idaho

Filed Sept 6 1922 Viola Allen
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 1945

799-230-009-669

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. 78

File No. 104516

Hospital .....

Primary Registration District No. 2155

Registered No. .....

FULL NAME OF CHILD Blanch Ida Grinolds
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	8/30/22 192....

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Milford Franklin Grinolds	FULL MAIDEN NAME	Jessie Mary Forgey
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Minn	BIRTHPLACE	Mont
OCCUPATION	laborer	OCCUPATION	hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wallentine

M.D.
(Physician or midwife)

Address Sandpoint

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed Sept 5 1922 Viola Allen
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1959

JAN 23 1943

319-122-009-432

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Samuels

No. ..... St.

Registration District No. 78

File No. 104517

Hospital .....

Primary Registration District No. 2155

Registered No. .....

FULL NAME OF CHILD Robert Dale Carmichael
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	Aug. 22, 1922

What bactericidal solution was used in eyes? Boracic acid

Number of child of this mother, including present birth 9th Number of child of this mother now living, including present birth 7th

FATHER		MOTHER	
FULL NAME	Edward B. Carmichael	FULL MAIDEN NAME	Sarsh Melissa McCabe
RESIDENCE	Samuels, Ida.	RESIDENCE	Samuels, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Queen Annes Co. Maryland	BIRTHPLACE	Merrick Co. Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Aug 22, at 9:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward B. Carmichael

Father
(Physician or midwife)

Address Samuels, Idaho

Filed Sept 4 1922 Viola Allen
Deputy Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1942

FEB 16 1944

693-104-009-318

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104518

County of Bonner
City of Sandpoint
No. ____ St.
Registration District No. 78
File No. ____
Hospital City
Primary Registration District No. 255
Registered No. ____

FULL NAME OF CHILD Arthur Leslie Wilkinson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	8/4/22 192

What bactericidal solution was used in eyes? Ag. No3

Number of child of this mother, including present birth 1 — Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Arthur Leslie Wilkinson	FULL MAIDEN NAME	Elizabeth Anna Taylor
RESIDENCE	Heron, Mont	RESIDENCE	Heron Mont
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Mont.
OCCUPATION	Farmer	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H R Wallentine
M.D.
(Physician or midwife)
Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 4 1922 Viola Allen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 9 1945

922.227.009-235

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

County of Bonner
City of Sandpoint
No. ..... St.
Hospital
Registration District No. 58
Primary Registration District No. 2155
File No. 104519
Registered No.

FULL NAME OF CHILD Della Evangeline Isbell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	8/27/22 192

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth. 2 Number of child of this mother now living, including present birth. 2

FATHER		MOTHER	
FULL NAME	Boone Isbell	FULL MAIDEN NAME	Goldie Evangeline Mary Stellpflue
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wis.
OCCUPATION	laborer	OCCUPATION	hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Wallentine
M.D.
(Physician or midwife)
Address Sandpoint

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

Filed Sept 4 1922
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1942

366-225-009-919

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104520

County of Bonner

City of Ponderay

No. ..... St.

Hospital .....

Registration District No. 78 File [redacted]

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Margaret Alice Cook,
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Aug. 25 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Hilton Alexander Cook	FULL MAIDEN NAME	Laura Rexeu Rains
RESIDENCE	Ponderay	RESIDENCE	Ponderay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Minn.	BIRTHPLACE	Alabama
OCCUPATION	section laborer	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Wallentine

M.D.
(Physician or midwife)

Address Sandpoint

Filed ..... 192.. [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 0 1945

565 211.009-715

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. 78

File No. 104521

Hospital City Hospital

Primary Registration District No. 215

Registered No. .....

FULL NAME OF CHILD Imogene Von Schriltz
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes.	Aug. 11, 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Floyd Lester Von Schriltz	FULL MAIDEN NAME	Nancy Elizabeth Pankey
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Truck driver.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **at** 3:00 P.M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. Wallentine

Physician
(Physician or midwife)

Address Sandpoint, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed ..... 192.. Walter Allen
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 7 1973

819-118-009-657

PLACE OF BIRTH

RECEIVED SEP 13 19[illegible] BUREAU OF VITAL STATISTICS STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Samuels

No. ..... St.

Registration District No. 78 File No. 104522

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Edward Watson Haines
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug. 18 1928

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Walter E. Haines	FULL MAIDEN NAME	Violet Krean
RESIDENCE	Samuels Ida.	RESIDENCE	Samuels Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Trail Oklahoma	BIRTHPLACE	Diary North Dakota
OCCUPATION	Woodsman	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 A. M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Mary Haines
(Physician or midwife)

Address Samuels Ida.

Filed Sept 4 192[illegible] Viola Allen Deputy Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. Pine St.

Registration District No. 78 File No. 104524

Hospital

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Everette Merton Luckey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 6 1922

What bactericidal solution was used in eyes? Argyrol 50%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Merton Luckey	FULL MAIDEN NAME	Blanch Swanger
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Alton, Kan.	BIRTHPLACE	Cleveland, Ohio
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd C. Wendt M.D.
(Physician or midwife)

Address Sandpoint, Ida

Filed Sept 4 1922 Viola Allen Deputy Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

NOV 13 1941

FEB 28 1969

815-105-009-662

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

County of Bonner
City of Sandpoint
No. 424 Superior St.
Hospital
Registration District No. 78
Primary Registration District No. 255
File No. 104525
Registered No.

FULL NAME OF CHILD Donald Elmer Haug
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 5 1922

What bacteriacidal solution was used in eyes? Argyrol 5 %

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Sverre M Haug	Selma Foss
RESIDENCE	207 S. Second Sandpoint	207 S. Sec Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	Norway	Wisconsin
OCCUPATION	Laborer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3-20 A M. on the date above stated.
(Born alive or stillborn)

(Signature) Floyd C Wendle M.D.
(Physician or midwife)

Address Sandpoint Ida

Filed Sept 4 1922 Viola Allen Deputy Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S[illegible] OF IDAHO

DEPA[illegible]

Boise, Ida[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sandpoint

Street: 423 Superior

County: Bonner

File Number: 104525

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Aug 5 192 2

Father: Sverre Magnus Haug (Full Name)

Mother: Selma Foss (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Donald Elmer

Child's Name in Full

Mrs. Sverre M. Haug

Signature of Father or Mother

JUN 8 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

432-105-009-6 39

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104526

County of Bonner

City of Sandpoint

No. 412 Church St.

Registration District No. 7C

File No.

Hospital

Primary Registration District No. 2155

Registered No.

FULL NAME OF CHILD Kenneth Clarence McKenzie
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 5 1922

What bacterioidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clarence F. McKenzie	FULL MAIDEN NAME	Mildred Oliver
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Samuels, Ida	BIRTHPLACE	Listra, Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd L. Wardle M.D.
(Physician or midwife)

Address Sandpoint, Ida

Filed Sept 4 1922 Viola Allen Deputy Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-207-009-619

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Samuels, Ida (rural)

No. ..... St.

Registration District No. 78

File No. 104527

Hospital .....

Primary Registration District No. 2155

Registered No. .....

FULL NAME OF CHILD Hazel Nell Stanton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug 7 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Herman Chas. Stanton	FULL MAIDEN NAME	Lillian Farris
RESIDENCE	Samuels (rural)	RESIDENCE	Samuels (rural)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Logansport, Ind.	BIRTHPLACE	Belnap, Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd C. Wendle M.D.
(Physician or midwife)

Address Sandpoint, Ida

Filed Sept 4 1922 Viola Allen
Deputy Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sep 12 1967

845-115-009-394

PLACE OF BIRTH

RECEIVED SEP 13 1932 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ____ St.

Registration District No. 78

File No. 104528

Hospital ____

Primary Registration District No. 2155

Registered No. ____

FULL NAME OF CHILD Stanley Ralph Hunt
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 15 1932

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Ralph H. Hunt	FULL MAIDEN NAME	Carrie Tumblin
RESIDENCE	Sandpoint (rural)	RESIDENCE	Sandpoint (rural)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Baron, Wisc	BIRTHPLACE	Baron, Wisc
OCCUPATION	Forest Ranger	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:20 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Cockadle MD
(Physician or midwife)

Address Sandpoint Ida

Filed Sept 4 1932 Viola Allen Deputy Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849-124-009-413

PLACE OF BIRTH

RECEIVED
OCT 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104529

County of Bonner

City of Priest River

No. — St. Registration District No. 85 File No. 2113

Hospital — Primary Registration District No. 2185 Registered No. 210

FULL NAME OF CHILD Jack Raymond Quinn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 24 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Edward Quinn	FULL MAIDEN NAME	Goldie Mace
RESIDENCE	Priest River Ida	RESIDENCE	Priest River, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Okla.	BIRTHPLACE	Ida.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Priest River Ida

Filed Oct 1 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 192....

..... Registrar.

...each, in order of birth stated.

8-20-41

AUG 31 1943

393-206-009-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 6 1922
BUREAU OF VITAL STATISTICS

County of Bonner

City of Priest River

No. — St.

Registration District No. 85

Hospital —

Primary Registration District No. 2185

CERTIFICATE OF BIRTH 104530

File No. ~~3~~ 3

Registered No. ~~210~~ 209

FULL NAME OF CHILD ✓ Louise Little
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female	Twin		Second	Yes	Sept	6	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Little	FULL MAIDEN NAME	Elizabeth Finley
RESIDENCE	Priest River, Ida.	RESIDENCE	Priest River, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Priest River Ida

....., 192....

Filed Oct 1 1922 [signature]

Registrar.

Registrar.

...each, in order of birth stated.

OCT 13 1944

393.106.009-695

PLACE OF BIRTH

[redacted] AHO

PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

County of Bonner

City of Priest River

No. — St.

RECEIVED OCT 6 19.. BUREAU OF STATISTICS

CERTIFICATE OF BIRTH 104531

Registration District No. 85

File No. 3

Hospital —

Primary Registration District No. 2185

Registered No. 208

FULL NAME OF CHILD Laurence Little

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin		First	Yes	Sept. 6 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Little	FULL MAIDEN NAME	Elizabeth Finley
RESIDENCE	Priest River, Ida.	RESIDENCE	Priest River, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7.20 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Address Priest River, Ida.

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed Oct. 1 1922 [signature] Registrar.

and the number of each, in order of b...

JAN 27 1942

[redacted]

JAN 31 1942

242-101-009-289

PLACE OF BIRTH

RECEIVED
OCT 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Midas

No. ..... St.

Registration District No. 78

File No. 104532

Hospital .....

Primary Registration District No. 2155

Registered No. .....

FULL NAME OF CHILD Joseph Eugene Busch
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 1 1922

What bactericidal solution was used in eyes? ✓

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ned Busch	FULL MAIDEN NAME	Anna R Shripka
RESIDENCE	Midas, Ida	RESIDENCE	Midas, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Austria Hungary	BIRTHPLACE	New York City
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Helene Lassen Davis
Nurse
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Glengary

Filed Oct 2 1922 ~~Idaho~~ Viola Allen
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2

APR 16 1953

493-121-009-465

PLACE OF BIRTH

RECEIVED OCT 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104533

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. 78 File No. .....

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD William Leonard Milliken
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept. 21 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Leonard Nathanial Milliken	FULL MAIDEN NAME	Margarette Marie Donahue
RESIDENCE	Sawyer Ida.	RESIDENCE	Sawyer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Spangle Wash.	BIRTHPLACE	Collis Minn.
OCCUPATION	Rancher	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borne alive (Born alive or stillborn), at 10-5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. J. Peet

Osteopathic Physician
(Physician or midwife)

Address Sandpoint Ida.

Filed Oct 2 1922 Viola Allen
Deputy Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1953

212-126-009-238

PLACE OF BIRTH

RECEIVED
OCT 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai

No. ..... St.

Registration District No. 78 File No. 104535

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD (Infant) Basden
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	9/26/22 192

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Olon Dike Basden	FULL MAIDEN NAME	Mildred Schedler
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Okla.	BIRTHPLACE	Wis.
OCCUPATION	laborer	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wallentine

M.D.
(Physician or midwife)

Address Sandpoint

Filed Oct 2 1922 Viola Allen Deputy Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 26 1963

691-115-109-816

PLACE OF BIRTH

RECEIVED OCT 6 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 78 File No. 104536

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Winfield Powell Francis Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	9/15/22 192

What bactericidal solution was used in eyes? silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Winfield Powell Francis	FULL MAIDEN NAME	Violet Estella Hawley
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mo.	BIRTHPLACE	Mich
OCCUPATION	Fire Chief	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wrenn

M.D.
(Physician or midwife)

Address Sandpoint

Filed Oct 2 1922 Viola Allen Deputy Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1941

JAN 18 1945

363-215-009-239

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104537

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Donna Jean Colomb
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	9/15/22 192....

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Alvin Jennings Colomb	FULL MAIDEN NAME	Sylvia Jane Stillwaugh
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Wash	BIRTHPLACE	Mo.
OCCUPATION	Mill laborer	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wollentines

M.D.
(Physician or midwife)

Address Sandpoint

Filed Oct 2 1922 Viola Allen Deputy Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1966

899-209-009-324

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ____ St.

Registration District No. 16 File No. 104538

Hospital City

Primary Registration District No. 2155 Registered No. ____

FULL NAME OF CHILD Aiko Hirai
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	9/9/22 192

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Jim Hirai	FULL MAIDEN NAME: Hatsu Tsugawa
RESIDENCE: Sandpoint	RESIDENCE: Sandpoint
COLOR: Brown	COLOR: Brown
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Japan	BIRTHPLACE: Japan
OCCUPATION: section Foreman R.R.	OCCUPATION: Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 A. M. on the date above stated. 1 Certified copy 5/25/38

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 Photostat copy 12/23/41

(Signature) N. R. Wallentine M.D.
(Physician or midwife)

Address Sandpoint

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct 2 1922 Viola Allen Deputy
Registrar.

2nd Copy Issued Aug. 25, 1941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1st Certfied Copy issued 5/23/38

DEC 23 1941

689-226.009-245

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Clarks Fork

No. ..... St.

Hospital .....

Registration District No. 78 File No. 104539

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Enid Mary White
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	9/26/22 192....

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Compton Ignatius White	FULL MAIDEN NAME	Josephine Mary Bunn
RESIDENCE	Clarks Fork	RESIDENCE	Clarks Fork
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Louisiana	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wallentine

M.D.
(Physician or midwife)

Address Sandpoint Idaho

Filed Oct 2 1922 Viola Allen Deputy Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1 1943

231-203-009-532

PLACE OF BIRTH

RECEIVED
OCT 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai

No. ..... St.

Registration District No. 78 File No. 104540

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Mary Elizabeth Blair
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept 3 1922

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Eugene A. Blair	FULL MAIDEN NAME	Laura O. Elsasser
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Minn	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Tayr M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Sandpoint

Filed Oct 2 1922 Viola Allen Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25-212-009-652

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint, Ida.

No. 1004 Lake St. St.

Registration District No. 78 File No. 104541

Hospital

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Mary Margaret Svab
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Sept. 12, 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Adolph Svab	FULL MAIDEN NAME	Edna Westerman
RESIDENCE	Samuels, Ida. (rural)	RESIDENCE	Samuels, Ida. (rural)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Richardson Co. Nebraska	BIRTHPLACE	Richardson Co Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) [signature]

physician
(Physician or midwife)

Address Sandpoint, Ida.

Filed Oct. 2, 1922 [signature] Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1955

639-113-009-292

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104542

County of Bonner

City of Sandpoint (rural)

No. ..... St.

Registration District No. 78 File No. .....

Hospital .....

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Vernon Oliver
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	Sept. 13 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Martin Luther Oliver	FULL MAIDEN NAME	Mary Sisson
RESIDENCE	Sandpoint (rural)	RESIDENCE	Sandpoint (rural)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Silverton, Oregon	BIRTHPLACE	Latah, Wash.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle

physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Sandpoint, Ida.

Filed Oct. 2, 1922 Viola Allen Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-106-009-431

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104543

County of Bonner

City of Sandpoint

No. 410 N. 5th St. Registration District No. 78 File No.

Hospital Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Donald James Kottraba
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Sept. 6, 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James A. Kottraba	FULL MAIDEN NAME	Florence McAllister
RESIDENCE	410 N 5th Sandpoint	RESIDENCE	410 N 5th st. Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Greenville, Pa.	BIRTHPLACE	Eagle Light, Colo.
OCCUPATION	Machinist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd W. Sands

physician
(Physician or midwife)

Address Sandpoint, Ida.

Filed Oct. 2, 1922 Viola Allen Deputy Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 14 1942

693-114-009-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint (rural)

No. ____ St.

Registration District No. 78 File No. 104544

Hospital ____ Primary Registration District No. 2155 Registered No. ____

FULL NAME OF CHILD Arthur William Wilson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Sept. 14, 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm Arthur Wilson	FULL MAIDEN NAME	Mamie Coleman
RESIDENCE	Sagle, Ida.	RESIDENCE	Sagle, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	15 (Years)
BIRTHPLACE	Salem, Mo.	BIRTHPLACE	Morton, Ida.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 7 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) [signature]

physician
(Physician or midwife)

Address Sandpoint, Ida.

Filed Oct. 2, 1922 Viola Allen Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1942

236-23-009-315

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104545

County of Bonner

City of Sandpoint

No. ____ St. ____ Registration District No. 78 File No. ____

Hospital City Primary Registration District No. 2155 Registered No. ____

FULL NAME OF CHILD Dolly Lavina Bloom
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes.	Sept. 23 192 2

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Claud Bloom	FULL MAIDEN NAME	Anna Lavery
RESIDENCE	Kootenai, Ida.	RESIDENCE	Kootenai, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Black River Falls	BIRTHPLACE	Kalumett, Mich
OCCUPATION	Timber worker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Floyd Sandell
physician
(Physician or midwife)

Address Sandpoint, Ida.

Filed Oct. 2, 192 2 Viola Allen Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1945

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922

CERTIFICATE OF BIRTH

County of [illegible]

City of [illegible]

No. ..... St. Registration District No. 79 File No. 104546

Hospital ..... Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD June Marie Elsner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of birth July 6 1922 (Month) (Day) (Year)
Female			

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Adolph Elsner	FULL MAIDEN NAME	Matilda Lang
RESIDENCE	Lenia, Ida	RESIDENCE	Lenia, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Wash	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 3.20 A. **M. on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs A. Elsner
Mother
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Lenia, Idaho

Filed Aug 24 1922. [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

SEP 16 1958
MAY 5 1967
SEP 24 1975

312-225-011-312

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104547

County of Boundary

City of Copeland

No. ..... St.

Registration District No. 77 File No. .....

Hospital ..... Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD ~~Merrill Louisa~~ MARILYN LOUISE Casler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	25 July 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER		MOTHER
FULL NAME	Frank Bastow Casler	FULL MAIDEN	Mary Leota Case
RESIDENCE	Copeland Ida	RESIDENCE	Copeland Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Hill City South Dak	BIRTHPLACE	Alpena Michigan
OCCUPATION	Ranger	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 8 45 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Gudbaur

midwife
(Physician or midwife)

Address Copeland, Ida

Filed Aug 15 1922 E. S. Fry
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Gallatin }

Certificate No. 104547

Date Filed Dec. 17, 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Merrell Louisa Casler (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 25, 1922 (DATE OF EVENT) in Copeland, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 26, 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Merrell Louisa Casler	Marilyn Louise Casler

Subscribed and sworn to before me this 17 day of December, 1942

Notary Public, residing at the State of Montana

My commission expires NOTARY PUBLIC for the State of Montana Residing at Bozeman, Montana My Commission Expires July 6, 1944 (SEAL)

Signed Frank B. Casler (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

320 S. 5th, Bozeman, Montana (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

State of Montana } ss.
County of Gallatin }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of December, 1942

Notary Public, residing at NOTARY PUBLIC for the State of Montana Residing at Bozeman, Montana My Commission Expires July 6, 1944

My commission expires (SEAL)

Signed George S Peck (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

617 W Mendenhall (STREET ADDRESS, CITY, STATE)

Bozeman, Montana

Received for filing on DEC 21 1942 By (REGISTRAR'S SIGNATURE)

DEC 2 3 1942

762-209-64-522

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104548

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 71 File No. .....

Hospital .....

Primary Registration District No. 3156 Registered No. .....

FULL NAME OF CHILD Eunice Joseline Poston
(Certificate of no value without full name of child.)

Sex of Child Female | Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth (Month) Aug (Day) 9 (Year) 1922

What bacterieidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Zephaniah Jackson Poston	FULL MAIDEN NAME Jinny Mae Eskridge
RESIDENCE Bonners Ferry Idaho	RESIDENCE Bonners Ferry Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Virginia	BIRTHPLACE Missouri
OCCUPATION Machinist	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bonaluv (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. M. Bowell

Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug. 18 1922 .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1957

493-222-011-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU

CERTIFICATE OF BIRTH 104549

County of Boundary
City of Naples
No. ____ St.
Hospital ____
Registration District No. 29
Primary Registration District No. 256
File No. ____
Registered No. ____

FULL NAME OF CHILD Margaret Martha Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	—	Yes	Aug. 22 1922

What bactericidal solution was used in eyes? 1% Sol. Agnt 3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Anton Miller	FULL MAIDEN NAME Eva Tilley
RESIDENCE	Naples, Ida.	Naples, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	29
BIRTHPLACE	Austria	Illinois
OCCUPATION	Sectionman	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry
Physician
(Physician or midwife)

Address Bonner Ferry, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug. 24 1922 E. E. Fry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 13 1962

154-223-016-691

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

RECEIVED SEP 13 BUREAU STATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Indian Village

Registration District No. 79 File No. 104550

No. ..... St.

Primary Registration District No. 2156 Registered No. .....

Hospital .....

FULL NAME OF CHILD Madeline Andrews.

Sex of Child 4 male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Pierre Andrews.	FULL MAIDEN NAME	Madeline Francois
RESIDENCE	Bonners Ferry Ida.	RESIDENCE	Bonners Ferry Ida.
COLOR	Red.	COLOR	Red
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Bonners Ferry Ida.	BIRTHPLACE	Bonners Ferry, Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. Fisher

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry Ida.

Filed Sept 1922 M. S. Fisher
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-12-011-444

PLACE OF BIRTH

[redacted] WELFARE

BUREAU OF VITAL STATISTICS

County of Boundary

City of Bonners Ferry

RECEIVED SEP

CERTIFICATE OF BIRTH

Registration District No. 79 File No. 104551

No. ____ St.

Hospital ____ Primary Registration District No. 7951 Registered No. ____

FULL NAME OF CHILD Frances Leonard Grossman.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? — (To be answered only in event of plural births)	and Number in order of birth —	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 24 1922

What bactericidal solution was used in eyes? 1% Sol. Ag NO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Geo. Chester Grossman	FULL MAIDEN NAME	Ida Dumaw.
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Canada.	BIRTHPLACE	Maine.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5.20 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

Filed Aug. 24 1922 E. E. Fry

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 30 1957

JUN 29 1942

[illegible]

JUL 21 1975

559-129-011-866

PLACE OF BIRTH

[redacted]

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 29 File No. .....

Hospital ..... Primary Registration District No. 3156 Registered No. 104552

FULL NAME OF CHILD Harold Howard Neill

(Certificate of no value without full name of child.)

Sex of Child Male | Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes. | Date of birth (Month) Aug. (Day) 31 1922 (Year)

What bactericidal solution was used in eyes? 1% Sol. Ag NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Percival Guy Neill	FULL MAIDEN NAME	Marjorie Howard
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Ill.
OCCUPATION	Book Keeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug. 30 1922 E E Fry
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

431-201-011-462

PLACE OF BIRTH

RECE[illegible] OCT [illegible] BURE[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Naples

No. ..... St.

Hospital .....

Registration District No. 79 File No. 104553

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Ruth Elizabeth McArthur
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept. 1 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William Henry McArthur Jr.	FULL MAIDEN NAME	Edna Ruth Dobson
RESIDENCE	Naples Ida	RESIDENCE	Naples Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Michigan	BIRTHPLACE	Oklahoma
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ruth Bowell

Physician
(Physician or midwife)

Address Bonners Ferry Idaho

Filed Sept. 2 1922. E E Fry
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-206-011-281

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 9 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 79 File No. 104554

Hospital ..... Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Mary Kathleen Bruce
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	yes	Sept. 6 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Soln Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Bruce	FULL MAIDEN NAME	Hilda E. Shaefer
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	N. Dak.	BIRTHPLACE	Wis
OCCUPATION	Laborer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8.50 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Bonners Ferry, Idaho

Filed 9/7 1922. E. E. Fry
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 31 1944

DECEASED

253-123-011-652

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary RECEIVED OCT 9 1922 BUREAU OF VITAL STATISTICS

City of Copeland

No. ..... St.

Registration District No. 79 File No. 104555

Hospital ..... Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Henry Arlington Selover

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 23 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Nelson Roy Selover	FULL MAIDEN NAME	Erma Joan Westermeyer
RESIDENCE	Copeland Idaho	RESIDENCE	Copeland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Alsace Lorraine
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1230 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rue Bowell

Physician

(Physician or midwife)

Address Bonners Ferry Idaho

Filed Sept 23 1922 E E Fox

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 1 1944

14-91-4

266-124-011-653

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary
City of Bonners Ferry
No. ____ St.
Registration District No. 79
File No. 104556
Hospital ____
Primary Registration District No. 2156
Registered No. ____

FULL NAME OF CHILD Edgebert Harvey Koffel
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	Sept 24 1922

What bactericidal solution was used in eyes? 1% Sol. Argyn

Number of child of this mother, including present birth 2 — Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Howard Koffel	FULL MAIDEN NAME	Iva Angeline Wells
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3.55 A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
Physician
(Physician or midwife)
Address Bonners Ferry, Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 24 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 104556

County of Bonner } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for Edgbert (Name on Original Certificate) who was Born (Was Born or Died) on Sept. 24, 1922 (Date of Event)

in Bonners Ferry Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Bible (Bible Record, Insurance Policy, Etc.) prepared on Oct. 10 - 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Edgbert	Edgebert Harvey Koffel

Subscribed and sworn to before me this 17th day of April, 1943

Signed Iva Wells Koffel

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

June F. Swanstrom

Postal Notary Public, residing at Kootenai Idaho

My commission expires [redacted]

(Seal)

Kootenai, Idaho.

(Street Address, City, State)

KOOTENAI APR 17 P.M. 1943 IDAHO

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bonner

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of April, 1943

Signed Alice Swanstrom

(Signature of Any Credible Person Other Than Previous Year)

June F. Swanstrom

Postal Notary Public, residing at Kootenai Idaho

My commission expires [redacted]

(Seal)

Kootenai Idaho

(Street Address, City, State)

KOOTENAI APR 18 1943 IDAHO

SEP 1 1 1967

APR 2 1 1943

141-128-011-714

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Idaho

No. ..... St.

Registration District No. 79 File No. 104557

Hospital ..... Primary Registration District No. 3156 Registered No. .....

FULL NAME OF CHILD Robert Eugene Adamson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 28 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Gustav Edwin Adamson	FULL MAIDEN NAME	Clara Daquie
RESIDENCE	Bonners Ferry Idaho	RESIDENCE	Bonners Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Sweden	BIRTHPLACE	N. Dakota
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rm Bowell
Physician
(Physician or midwife)

Address Bonners Ferry Idaho

Filed Sept. 29 1922 E E Frey
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 25, 1940. L.W.

459-22-013-459

PLACE OF BIRTH Amended Aug 15, 1961

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canas

City of Corral

No. ..... St.

Registration District No. 58 File No. 104558

Hospital ..... Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD Glenda DeRoche
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	August 21, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Lee Edward DeRoche	FULL MAIDEN NAME	Mary Gladys DeRoche
RESIDENCE	Corral, Ida.	RESIDENCE	Corral, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Murray, Utah	BIRTHPLACE	Lewisville, Idaho
OCCUPATION	Farming	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:25 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lydia L. Barrett

Midwife
(Physician or midwife)

Address Hill City, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed Aug 29 192 2 L. Wilencheck
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Bonneville } ss.

Certificate No. 104558

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Fern Sophie DeRoche (Name on Original Certificate) who was born (Was Born or Died) on August 21, 1922 (Date of Event)
in Corral, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage License/6/21/41 & Church record, 12/28/55 (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Fern Sophie DeRoche	Glenda DeRoche

Subscribed and sworn to before me this 10th day of August, 19 61

William A. Black

Notary Public, residing at Idaho Falls

My commission expires 9/2/62

(Seal)

Signed X Mrs. Mary Gladys DeRoche
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lewisville, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of August, 19 61.

William A. Black

Notary Public, residing at Idaho Falls, Idaho

My commission expires 9/2/62

(Seal)

Signed X Leo E. DeRoche
(Signature of Any Credible Person)

Lewisville, Idaho
(Street Address, City, State)

FORM DH 60-155

Photocopy of Marriage License and Marriage Certificate dated June 21, 1941, Lemhi County, Idaho, gives name as Glenda DeRoche, viewed by V.S.

Own child's birth certificate on file Idaho #356444 gives name as Glenda DeRoche. child born Aug 6, 1942.

359-101-013-154

PLACE OF BIRTH

RECEIVED OCT 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104559

County of Camas

City of Soldier

Registration District No. 58d

File No.

No. St.

Primary Registration District No. 2138 Registered No.

Hospital

FULL NAME OF CHILD Wallace Dean Terry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		yes	Sept 1st 1922

FATHER		MOTHER	
FULL NAME	Geo. O. Terry	FULL MAIDEN NAME	Agnes E. Anderson
RESIDENCE	Soldier Idaho	RESIDENCE	Soldier Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Fairview Utah	BIRTHPLACE	Fairview Utah
OCCUPATION	farmer	OCCUPATION	housekeeper

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Mrs Ellen Finch

Midwife
(Physician or midwife)

Address Soldier Idaho

Filed Sept. 15th 1922 L Wilencheck
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

614-107-013-291.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

OCT 5 1922
BUREAU OF VITAL STATISTICS

City of Corral

Registration District No. 58th File No. 104560

No. Hurlles South St.

3 " East

Primary Registration District No. 2138 Registered No.

Hospital

FULL NAME OF CHILD Lester Herman Wade.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept. (Month) 7th (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Raymond Otto Wade	FULL MAIDEN NAME	Herta Amelia Krahn
RESIDENCE	Corral, Idaho	RESIDENCE	Corral, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	United States	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Willencheck

Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Fairfield, Idaho

Filed 9-13 1922 L Willencheck
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Fairfield; Street .....; County Camas

File Number 104560

Registration Dist. No. .....

Sex of Child Male

Date of Birth Sept 7 1922

Father Raymond Otto Wade
Full Name

Mother Herta Wilomena W
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Lester Herman Wade
Child's Name in Full

Raymond Otto W
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
:LED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NA'E OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-
:d to furnish certified copies of certificates of birth, it is im-
:nt that the certificates be filed with the BUREAU OF VITAL STATIS-
and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

753-124-013-693

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED OCT 5 1922 BUREAU OF VITAL STATISTICS

County of Camas

City of Fairfield Registration District No. 58th File No. 104561

No. ..... St.

Primary Registration District No. 2138 Registered No. .....

Hospital .....

FULL NAME OF CHILD Francis Lee Peck

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Sept. 24th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edwin Douglas Peck	FULL MAIDEN NAME	Nora Nellie Williams
RESIDENCE	Fairfield, Idaho	RESIDENCE	Fairfield, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Wilencheck

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Fairfield, Idaho

Filed Oct. 3 1922 L. Wilencheck Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

76 [redacted]

...TE OF IDAHO
...OF PUBLIC WELFARE
...F VITAL STATISTICS

SEP
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104562

County of Canyon
City of Caldwell
No. Route 3 St. Registration District No. 3 File No.
Hospital Primary Registration District No. 2005 Registered No. 160

FULL NAME OF CHILD Francis Dale Pollet
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Male	/	/	Yes	July 31, 1922 (Month) (Day) (Year)

What bacteriaidal solution was used in eyes? August 20th

Number of child of this mother, including present birth. 3 Number of child of this mother now living, including present birth. 3

FATHER		MOTHER	
FULL NAME	Ed F. Pollet	FULL MAIDEN NAME	Minnie Belle James
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Coffeyville Kansas	BIRTHPLACE	Kirksville, Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 5 40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. G. Young, M.D.
(Physician or midwife)

Address Caldwell - Idaho -

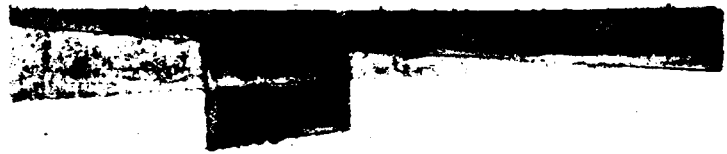
Filed Aug. 10 - 1922 John L. Meyer
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



693-201-014-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

BUREAU OF VITAL STATISTICS

Registration District No. 3

File No. 104563

No. St.

Primary Registration District No. 2005

Registered No. 161

Hospital

FULL NAME OF CHILD Winifred Bell Wilson

Sex of Child	~~Twin~~ ~~Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth
Female		6th	yes	8 (Month) 1 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James T Wilson	FULL MAIDEN NAME	Winifred Fretwell
RESIDENCE	Middleton Idaho	RESIDENCE	Middleton Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Aug 1st 1922 at 7 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Hamer M D

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Middleton Idaho

Filed Aug 31 1922 - John S. Meyer -

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 2 1943

MAR 3 0 1943

763-205-014-763

name added 1/31/83

Form V. S. No. 11-C--25m-7-21-19

RECE[illegible]
SEP 13 19[illegible]
BUREAU [illegible]
STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 104564

No. ..... St.

Primary Registration District No. 1005 Registered No. 162

Hospital no

FULL NAME OF CHILD Mary Arlee Potts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		no	Aug (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Alta Potts
RESIDENCE		RESIDENCE	Caldwell
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE		BIRTHPLACE	Caldwell
OCCUPATION		OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L D Stewart

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Idaho

Registrar

Filed Aug. 21 1922 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 7 1970
AUG 2 8 1973

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 104564
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Potts (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 5, 1922 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child' s name	unnmed	Mary Arlee Potts
s		

Subscribed and sworn to before me this 31 day of January, 1983.

Notary Public, Teresa L. Clemens

Residing at Boise Idaho

My commission expires April 3, 1985

(Seal)

x Mary W Simmon
Signature of Applicant

x 1555 W Wright Boise
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Son's birth certificate ~~f~~ on file in Idaho # 409789 gives name as Warren Sylvestor Lemmon born Aug. 24, 1945 in Boise,Idaho. mother's ~~am~~ name as Mary Arlee Orr. viewed by V.S.

JAN 31 1983

(always used the name of Orr as maiden name which was really her step father's name).

Marriage Licesne from Idaho, Elmore County (couples copy) gives name as MBride's name as Mary arlee Orr and the groom's name as David Lemmon. dated July 6, 1942. viewed by V. S.

235-111-014-255

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2005

File No. 104565

Registered No. 163

FULL NAME OF CHILD no name

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Aug 11 1922

What bactericidal solution was used in eyes? —

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 0

FATHER		MOTHER	
FULL NAME	Floyd Bledsoe	FULL MAIDEN NAME	Agnes Seely
RESIDENCE	Ontario Ore Rt 1	RESIDENCE	Ontario Ore Rt 1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo	BIRTHPLACE	Oregon
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 3 AM M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G D Montgomery M.D.

(Physician or midwife)

Address Caldwell Ida

Filed Aug-12-1922 John S. Meyers Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-212-014-884

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104566

RECEIVED
SEP 15 1922
BUREAU OF VITAL STATISTICS

County of Canyon

~~City of~~ Huston

~~No.~~ R. # 1 ~~St.~~ Registration District No. 3 File No.

Hospital Primary Registration District No. 2005 Registered No. 164

FULL NAME OF CHILD Helen Bernice Hammar
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8/12 2 192

What bacterieidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Carl O. Hammar	FULL MAIDEN NAME: Helen M. Hyde
RESIDENCE: Huston, Idaho. R. # 1	RESIDENCE: Huston, Idaho. R. # 1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Iowa
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley, M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Aug. 13 1922 John L. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB

SEVERAL REASONS WHY A CERTIFIC[illegible]

FILED FOR EACH CHILD AND THE SAME COM[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: R. F. D. 1 - Huston

County: Canyon

File Number: 104566

Registration Dist. No.:

Date of Birth: August 12, 1922

Sex of Child: Female

Father: Carl Otto Hammar (Full Name)

Mother: Helen Marie Hyde (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Helen Bernice Hammar (Child's Name in Full)

Mrs. Carl O. Hammar (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

415-212-014-813

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Canyon

City of Huston

No. ..... St.

Hospital No

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 43 File No. 104567

Primary Registration District No. 2005 Registered No. 165

FULL NAME OF CHILD Thelma Louise Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	George C Davis	FULL MAIDEN NAME	Josie M Hall
RESIDENCE	Huston	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	House Keeping

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L D S Stewart

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Caldwell Idaho

Filed Aug. 21 1922 John P. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS [illegible] A CERTIFICATE OF [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County ..... Canyon .....

File Number ..... 104567 .....

Registration Dist. No. .....

Sex of Child ..... Female .....

Date of Birth ..... Aug. 12th ..... 192 2.

Father ..... George C. Davis ..... Mother ..... Josie Manervia Hall

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Thelma Louise Davis .....

Child's Name in Full

..... Josie M. Davis .....

Signature of Father or Mother

FEB 13 1943 - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

213-117-01-X-284

County of Canyon

City of Homedale

No. R. # 1 St.

Hospital

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 104568

Primary Registration District No. 2005 Registered No. 166

FULL NAME OF CHILD GENE Donald Bacon

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8/17 2 192

What bacterieidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Robert H. Bacon	FULL MAIDEN NAME: Lela Symmes
RESIDENCE: Homedale, Idaho R. # 1	RESIDENCE: Homedale, Idaho R. # 1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 22	AGE AT LAST BIRTHDAY (Years): 21
BIRTHPLACE: Washington	BIRTHPLACE: Kansas
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) S. B. Dudley, M. D.

(Physician or midwife)

Address Caldwell, Idaho.

Filed Aug. 19 1922 John S. Meyer Registrar.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Homedale

Street: R.R. #1

County: Owyhee

File Number: 104568

Registration Dist. No.:

Date of Birth: Aug. 17th 1922

Sex of Child: Male

Father: Robert Henry Bacon (Full Name)

Mother: Leta Lucille Symms (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jean Donald Bacon
Child's Name in Full

Robert H. Bacon
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. SEP 2 [illegible]
County of Canyon }

Certificate No. 104568
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Jean Donald Bacon (Name on original certificate) who born (Was born or died) on Aug 17 - 1922 (Date of event)
in Homedale (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Jean Donald Bacon	Gene Donald Bacon

Subscribed and sworn to before me this 23rd
day of September, 1941
Lois Wilson
Notary Public, residing at Caldwell, Ida.
My commission expires Sept 28, 1944
[SEAL]

Signed Mrs Robert H. Bacon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Caldwell Idaho R. #2,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....
.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)
.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

JAN 26 1965

815-117-014-453

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

~~City of~~ Notus,

No. R. # 1 ~~St.~~

Registration District No. 3 File No. 104569

Hospital

Primary Registration District No. 2005 Registered No. 167

FULL NAME OF CHILD August William Yantz

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8/17 2 192

What bacterieidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	August Yantz	FULL MAIDEN NAME	Anna Delker
RESIDENCE	Notus, Idaho R. # 1	RESIDENCE	Notus, Idaho, R. # 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Poland	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley M. D.

(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Aug. 19 1922 John S. Meyer

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WH[illegible] RTIFICATE OF BIRTH
[illegible]ACH C[illegible] [illegible]H T[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Notus

Street:

County: Canyon

File Number: 104569

Registration Dist. No.:

Date of Birth: Aug. 17 1922

Sex of Child: Male

Died Aug 25 1922 Walker

Father: Mr. August Jantz (Full Name)

Mother: Mrs ~~August~~ Emma Jantz (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

August William Jantz (Child's Name in Full)

Mrs August Jantz (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-[illegible]-014-699 name added 5-25-84 dl

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Homedale

No. R. #1 St.

Hospital

Registration District No. 3

File No. 104570

Primary Registration District No. 2005

Registered No. 168

FULL NAME OF CHILD Jean Evelyn Wiles

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	8/17 192 2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Lewis Wiles	FULL MAIDEN NAME: Geneva Orr
RESIDENCE: Homedale, Idaho R. #1	RESIDENCE: Homedale, Idaho, R? #1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Idaho
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:10 P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) S. B. Dudley

..... M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Filed Aug. 19 1922 John L. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-10-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
VITAL STATISTICS
MAY 23 3 10 PM '84

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Payette } ss.

Certificate No. 104570
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Wiles (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 17, 1922 (Date of Event)
in Homedale (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Jean Evelyn Wiles

Subscribed and sworn to before me this 16th day of May 19 84
Notary Public, Diana K Watkins
Residing at Payette, Id
My commission expires 6-1-87
(Seal)

x Jean Evelyn Wiles
Signature of Applicant
x 461 N W 5th St Ontario Oregon
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Payette } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May 19 84
Notary Public, Diana K Watkins
Residing at Payette, Id
My commission expires 6-1-87
(Seal)

Marvin Wallace
Supporting Signature
502 2nd Ave N Payette Ida
Street Address, City, State

1 cc pd

Baptism record from LDS Church gives Jean Evelyn Wiles born Aug. 17,1922 in Marsing, Idaho to Lewis Wiles and Geneva Orr was baptised 7-22-34/ Viewed by V.S.

Family Bible lists Jean Evelyn Wiles born Aug 17, 1922 in Marsing, Idaho. Obviously old record. Viewed by V.S.

249.117 014-519

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

(If born in hospital or institution give name.)

[illegible] FARE

[illegible]

CERTIFICATE OF BIRTH

104571

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Lusk Smithson

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate	8. Date of birth
Male					Aug. 17, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Clyde O. Smithson	18. Full maiden name: Veva Maud Bartlett
10. Residence (usual place of abode) (If non-resident, give place and State): Buhl, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Buhl, Idaho
11. Color or race: Wh | 12. Age at last birthday: 40 (years)	20. Color or race: Wh | 21. Age at last birthday: 40 (years)
13. Birthplace (city or place) (State or Country): Winchester, Illinois	22. Birthplace (city or place) (State or Country): Odebolt, Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mail Carrier and Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 8:30 at p. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) S. B. Dudley, M. D.

or ....., Midwife

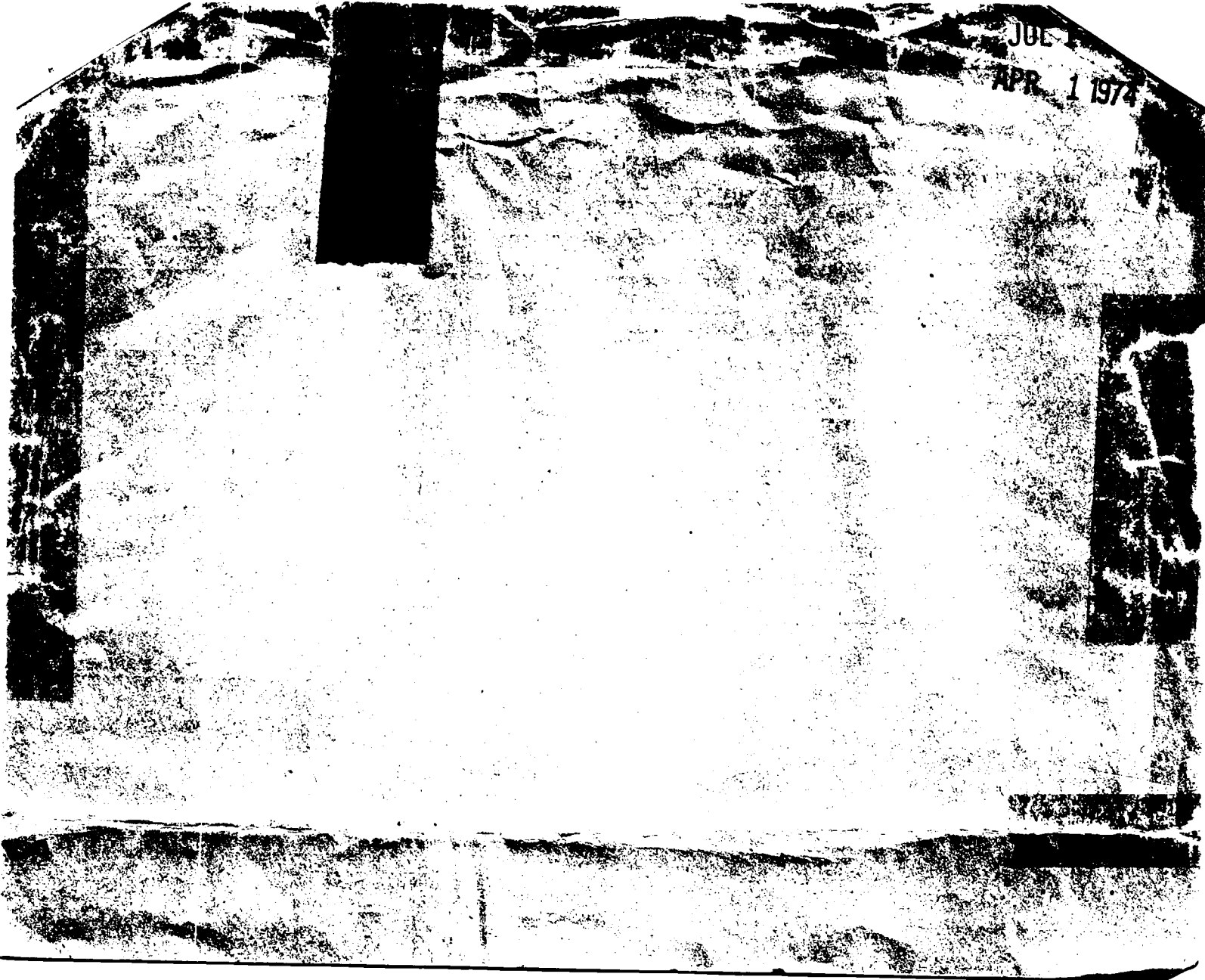
Address Caldwell, Idaho

Give name added from a supplemental report ..... (Date of)

Filed Aug 19, 1922, [illegible] John V. Meyer Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stat


JUL
APR 1 1974

449-218-014-225

PLACE OF BIRTH

RECEIVED
SEP 1[illegible] 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104572

County of Canyon

City of Caldwell

~~No.~~ ~~Str~~

Registration District No. 3 File No.

Hospital Caldwell Sanitarium Primary Registration District No. 2005 Registered No. 170

FULL NAME OF CHILD Edith Betty Murray
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female				Yes	8	18	192 2

What bacterieidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	L. C. Murray	FULL MAIDEN NAME	Lou Skelton
RESIDENCE	Parma, Idaho R. # 3	RESIDENCE	Parma, Idaho R. # 3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S.B. Dudley, M.D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Aug. 19 1922 John H. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 13 1943

[illegible]

[illegible]ASONS [illegible] ERTIFICATE OF BIRT[illegible]

[illegible] [illegible]E COMPLETED WITH THE

FEB 3 1975

Named from card
9/18/43

955-22-3-014-192

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104573

County of Canyon

City of Caldwell

No. ____ St.

Registration District No. 3 File No. ____

Hospital ____ Primary Registration District No. 2005 Registered No. 170

FULL NAME OF CHILD Margie Mae Reed
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Sept 1 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robert L Reed	FULL MAIDEN NAME	Mina May Arbuckle
RESIDENCE	Portland, Or.	RESIDENCE	Caldwell Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	New York	BIRTHPLACE	Oregon
OCCUPATION	Civil Engineer	OCCUPATION	Stenographer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 1 A. M. (Born alive ~~or stillborn~~) on the date above stated.

(Signature) G D Montgomery M.D

(Physician or ~~midwife~~)

Address Caldwell Idaho

Filed Sept. 1st 1922 John S. Meyer
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

K ____, 19____

____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-12-014-818
PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. 406 Everett St.
Registration District No. 5
File No. 104574
Hospital
Primary Registration District No. 1005
Registered No. 172

FULL NAME OF CHILD Frank Wesley Black
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8/21 2 192

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Frank Wesley Black	**FULL MAIDEN NAME** Edith Nelle Hays
RESIDENCE Caldwell, Idaho, 406 Everett	**RESIDENCE** Caldwell, Idaho 406 Everett
COLOR White	**AGE AT LAST BIRTHDAY** (Years) 22
BIRTHPLACE Missouri	**COLOR** White
OCCUPATION Tel. Operator	**AGE AT LAST BIRTHDAY** (Years) 21
	BIRTHPLACE Missouri
	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), **at** 5:35 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) S. B. Dudley
M. D.
(Physician or midwife)
Address Caldwell, Idaho

Filed Aug 22 1922 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICAT

RECEIVED
OCT 21 1929
VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: 406 Everett

County: Canyon

File Number: 104574

Registration Dist. No.:

Date of Birth: August 21 192[illegible]

Sex of Child: Male

Father: Frank Wesley Black (Full Name)

Mother: Edith Nelle Hays (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Frank Wesley Black Jr. (Child's Name in Full)

Mrs. Frank W. Black (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

312-222-014-596

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

3 104575

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3 File No. 104575

Hospital Caldwell Sanitarium Primary Registration District No. 1005 Registered No. 123

FULL NAME OF CHILD Barbara Erwin Case
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8/22/1922

What bacteriocidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3

Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Paul L. Case	FULL MAIDEN NAME: Fannie Erwin
RESIDENCE: 1211 Dearborn Caldwell, Idaho	RESIDENCE: 1211 Dearborn Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Nebraska
OCCUPATION: Undertaker & Fur. Dealer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed Aug. 26 1922 John H. Meyer
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHO
ACH CHILD AND THE SAME COMPLETED WITH THE N

5/21/41 L. B.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: 1211 Dearborn

County: Canyon

File Number: 104575

Registration Dist. No.:

Date of Birth: August 22, 1923

Sex of Child: Female

Father: Paul Leland Case
Full Name

Mother: Fannie Talcott Irwin
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Barbara Irwin Case
Child's Name in Full

Fannie Irwin Case
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

196-12 8-014-819

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104577

County of Canyon

City of Caldwell, No. ____ St.

Registration District No. 3 File No. ____

Hospital ____ Primary Registration District No. 2005 Registered No. 175

FULL NAME OF CHILD Glen Edward Grove

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8/ 28 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Claude Grove	FULL MAIDEN NAME: Clive Harvey
RESIDENCE: Caldwell, Idaho, R. # 1	RESIDENCE: Caldwell, Idaho, R. # 1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Idaho
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) C. M. Kaley M. D

(Physician or midwife)

Address Caldwell, Idaho

Filed Aug. 29 1922 John V. Meyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEVERAL REASONS WHY A [illegible]ICATE OF BIRTH SHOU[illegible]
[illegible] FILED FOR EACH CHILD [illegible]

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Middleton

~~Street~~: T. F. D. No. 1

County: Canyon

File Number: 104577

Registration Dist. No.:

Date of Birth: Aug. 28, 192[illegible]

Sex of Child: Male

Father: Claud Grove
Full Name

Mother: Olive Harvey Grove
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Glen Edward Grove
Child's Name in Full

Mrs. Claud Grove
Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

843-201-014-866 Canyon

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 104578

No. R R 1 St.

Primary Registration District No. 2004

Registered No.

Hospital Nazarene

FULL NAME OF CHILD ILA MAY HUTCHINGS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	x	x	Yes	May 1 1922

FATHER

FULL NAME Charles Hutchings

RESIDENCE Nampa Idaho

COLOR White AGE AT LAST BIRTHDAY 48 (Years)

BIRTHPLACE Missouri

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Nettie Howard

RESIDENCE Nampa Idaho

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11½ P. M. on the date above stated.

(Signature) J. H. Murray

M. D. (Physician or midwife)

Address Nampa Idaho

Filed Sept 7 1922

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON, } ss.
County of Yakima

Certificate No. 104578

Date Filed APR 1[illegible]

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Hutchings (Name on Original Certificate) who was born (Was Born or Died) on May 1, 1922 (Date of Event)

in Nazarene Hospital, Nampa, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Ila May Hutchings

Subscribed and sworn to before me this 31st day of March 19 42

Chalmer G. Walters

Notary Public, residing at Yakima, Wash.

My commission expires May 13, 1944.
(Seal)

Signed Nettie Geiling
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Mother)
205 S. 3rd Street, Yakima, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of Yakima.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of March, 19 42

Chalmer G. Walters

Notary Public, residing at Yakima, Wash.

My commission expires May13, 1944.
(Seal)

Signed Gertrude Hutchings Everts
(Signature of Any Credible Person Other Than Previous Year)

(Older Sister)
205 S. 3rd Street, Yakima, Wash.
(Street Address, City, State)

FEB 16 1945

AUG 7 1944

APR 14 1942

11-2684-2-2014-942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 104579

No. 423-14th Ave. N. St.

Primary Registration District No. 1006

Registered No.

Hospital

FULL NAME OF CHILD Boy Kohrbacher

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	x	2	yes	May 21 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred C Rohrbacher	FULL MAIDEN NAME	Elsie Russell
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Nebraska	BIRTHPLACE	Arkansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.45 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

M. D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Sept 7 1922 Pearle Dodds
Registrar

DUP OF 22-343330

RECEIVED
OCT 28 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho,.....192...

me of your baby was not filled in on the birth certificate sent to this office. It is of vital import-
he full name included in the record. Kindly fill in the information requested in the blank below
s sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

.....

File Number .....104579.....

.....

Registration Dist. No. .....

.....

Date of Birth .....192....

....Male.....

.....
Full Name

Mother .....
Full Maiden Name

ERTIFY that the child described herein has been named:

oy.....Kobelacher.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH T

- - - - - - - - - - -

Birth registration is part of every child's b
It establishes legally the date of the child's
and legitimacy.

It enables the Public Health Nurse to make s
been protected from danger of blindness and other ini

- - - - IT SHOWS AT LATER PERIODS OF LIFE:

1. The correct age for purposes of school att
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign land
6. Right to vote.
7. Right to receive pensions and inherit prop
8. Furnishes acceptable evidence of genealogy
9. Right to get married.
10. Just at this time while many of the Ex-Ser
pelled to furnish certified copies of certificates of
portant that the certificates be filed with the BUREA
TICS and the same completed by furnishing the name of

PLEASE ASSIST BY FURNISHING THE NAME OF YO

Dear Madam:

The nan
ance to have t
and return thi

Place of Birth { City . Street County

Sex of Child.

Father .....

I HEREBY C
.....

864.125.014-261

Amended 1-27-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 104580
Local Reg. No.
Reg. Dist. No. 7

1. PLACE OF BIRTH

a. COUNTY: Canyon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Meridian

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Route #3

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Canyon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Meridian

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Homer b. (Middle): Darwin c. (Last): Young

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) July (Day) 25, (Year) 1922

FATHER OF CHILD

7. FULL NAME

a. (First): James b. (Middle): M. c. (Last): Young

8. AGE (At time of this birth): 40 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Kentucky

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Myrtle b. (Middle): A. c. (Last): Swain

13. AGE (At time of this birth): 35 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Michigan

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Geo. R. Proctor

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 9, 1922

22. REGISTRAR'S SIGNATURE: Pearle Dodds

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES NO DATE

OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of FLORIDA } ss.
County of POLK

Certificate No. 104580

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John Young (Name on Original Certificate) who was born (Was Born or Died) on July 25, 1922 (Date of Event)
in Meridian, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by BIBLE RECORD DISCARED prepared on 14 Dec. 1966 (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	John Young	Homer Darwin Young

Subscribed and sworn to before me this 19th day of December, 19 66
Esther J. Stubbs
Notary Public, residing at Lakeland, Fla.
My commission expires
(Seal) Notary Public, State of Florida at Large My Commission expires May 8, 1967

Signed Myrtle R Young mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 2 Box 590 Lakeland Fla
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Florida } ss.
County of Polk

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of December, 19 66
Esther J. Stubbs
Notary Public, residing at Lakeland, Fla.
My commission expires
(Seal) Notary Public, State of Florida at Large My Commission expires May 8, 1967

Signed James M Young Father
(Signature of Any Credible Person)
Rt 2 Box 590 Lakeland Fla
(Street Address, City, State)

FORM DH 60-155

CL 11-17-66. one copy pd. rec. #2901.

Honorable Discharge from U.S. Navy, Dec. 30, 1946 gives full name as Homer Darwin Young - viewed by V.S.

Photo COPy of Page from Family Bible Record, appears old and unaltered gives full name of one child as Homer Darwin Young, born July 25, 1922 in Ada County, Idaho - viewed by V.S.

652-121-01K-469

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

CERTIFICATE OF BIRTH

County of Canyon

~~City of~~ Nine

No. ..... St.

Registration District No. 7 File No. 104581

Hospital ..... Primary Registration District No. 3006 Registered No. .....

FULL NAME OF CHILD Albert Herald Westfall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 21 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Albert Westfall	FULL MAIDEN NAME	Mary Margarite Morris
RESIDENCE	Wilson, Idaho	RESIDENCE	Wilson, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Idaho	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel M Sparrow

(Physician or midwife) Melba, Ida

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug. 7 1922 Pearl Doak
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

456-119-014-796

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

County of Canyon

City of Nampa.

No. Route # 5 St. Registration District No. 7 File No. 104582

Hospital Primary Registration District No. 2 Registered No.

FULL NAME OF CHILD John Levere Dewald.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Aug 19 1922

What bactericidal solution was used in eyes? Silver Nitrate 1 % Sol.

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 11

FATHER		MOTHER	
FULL NAME	John Dewald.	FULL MAIDEN NAME	Anna Prop.
RESIDENCE	Nampa - Idaho.	RESIDENCE	Nampa - Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Laborer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Sept 9 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 5 1974

AUG 1 1948

JUN 15 1949

381-202-014-212

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Route 3 Registration District No. 7 File No. 104583

Hospital Primary Registration District No. [illegible] Registered No.

FULL NAME OF CHILD Ruth Marie Chapman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept. 2 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Arch B. Chapman	FULL MAIDEN NAME	Hagel Baker
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address

Filed [illegible] 192[illegible] [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

76 6 104-614-212

PLACE OF BIRTH

cert amend 4-21-88 dl

NAME CHANGED PURSUANT COURT ORDER 2-29-88

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104584

County of Canyon

City of Nampa

No. Route 4

Registration District No. 7

File No.

Hospital

Primary Registration District No. 2012

Registered No.

FULL NAME OF CHILD Robert Chris Larson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept. 4 1922

What bactericidal solution was used in eyes? Silver nitrate 1% Sol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Joseph Tater Goodman	FULL MAIDEN NAME Salarah Ellen Baker
RESIDENCE Nampa	RESIDENCE Nampa
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Physician

(Physician or midwife)

Address

Filed Sept 9 1922 Pearl Dial

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1943

FILED IN COUNTY COURT
MORGAN COUNTY, COLO.

FEB 29 1988

JO ANN DAVISSON, CLERK

MAR 2 8 ... 10 mc

VITAL STA...

COUNTY COURT
Morgan ~~WELD~~ COUNTY
COLORADO

ORDER

ACTION NO. 88C149

IN THE MATTER OF THE PETITION FOR THE CHANGE OF NAME OF
William DEAN GOODMAN Petitioner

This matter comes on for hearing on the petition for a change of name, and the Court having read and considered the petition and petitioner's affidavit in support thereof, and the Court being sufficiently advised,

FINDS, that the allegations made in said petition satisfy all statutory requirements and are true, and further finds that the desired change of name is proper, and not detrimental to the interests of any other person.

NOW, THEREFORE, IT IS ORDERED:

1. That the name of William DEAN GOODMAN is hereby changed to Robert Chris LARSON; and

2. That pursuant to statute, petitioner shall give public notice of such change of name three times in Brush News-Tribune, a legal newspaper published in the County of ~~Weld~~ Morgan and State of Colorado, said publications to be made within twenty days of the date of this Order, and at intervals of once each week on the same week day, and shall file proper affidavit of publication of said notice with the Clerk of this Court.

Dated 2-29-88.

BY THE COURT:

E. H. Brandhuber
Judge

STATE OF COLORADO
COUNTY OF MORGAN
Certified to be full, true and correct copy(ies) of the original(s) in my custody.
SEAL
Clerk of the County Court
2-29 1988

APR 21 1988

469-208-014-556

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Melba
No. Route 1 St.
Registration District No.
File No. 104585
Hospital
Primary Registration District No.
Registered No.

FULL NAME OF CHILD Annabelle MAE Doramus
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept 8 1922

What bactericidal solution was used in eyes? Silver nitrate 1% Sol.

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	William L. Doramus	FULL MAIDEN NAME	Emma Marie Newland
RESIDENCE	Melba	RESIDENCE	Melba
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R. Proctor
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed [illegible] 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 104585

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Annabel	Annabelle Mae Doramus
Mother's name	Emma	Emma Marie Newland

Subscribed and sworn to before me this 25
day of Aug, 1944
Fabiola Ambrose
Notary Public, residing at Boise
My commission expires 1/14/47
(Seal)

Signed Marie Doramus
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

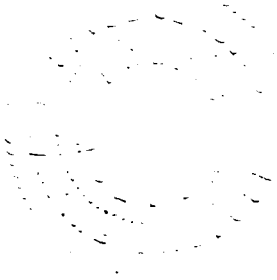
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)



AUG 25 1944

213-218, 014-214

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 104586

No. ..... St.

Primary Registration District No. 200 Registered No. .....

Hospital Mercy

FULL NAME OF CHILD Betty Verdene Backer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	x		x	Yes	July (Month) 18 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chris Backer	FULL MAIDEN NAME	Byrdie Samuel
RESIDENCE	Nampa, Ida.	RESIDENCE	Nampa, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. A. Kellogg Phys.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Nampa, Ida.

Filed Oct 9 1922 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 1 8 1972

449-226-014-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 104587

No. ..... St.

Primary Registration District No. 2004 Registered No. .....

Hospital Mercy

FULL NAME OF CHILD Frances Lorraine Murphy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	+		+	yes	July (Month) 26 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Francis Murphy	FULL MAIDEN NAME	Georgia Katherine Brown
RESIDENCE	Areana Ida.	RESIDENCE	Areana, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Oregon
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8: a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. A. Kellogg Phys.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Nampa, Ida.

Filed Sept 9 1922 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF BIRTH

NOV 10 1959

693-222-014-864

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Bowmont Registration District No. 7 File No. 104588

No. ..... St.

Primary Registration District No. 2004 Registered No. .....

Hospital .....

FULL NAME OF CHILD Edna Alice Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	May 22 1922

FATHER		MOTHER	
FULL NAME	Wm J Williams	FULL MAIDEN NAME	Ida May Young
RESIDENCE	Bowmont Ida.	RESIDENCE	Bowmont Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Geo. A. Kellogg Phys.

(Physician or midwife)

Address Nampa, Ida.

Filed 19 22

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1 1943

917-109-014-755

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104589

County of Canyon
City of Nampa
No. ____ St.
Registration District No. 7
File No. ____
Hospital ____
Primary Registration District No. 3006
Registered No. ____

FULL NAME OF CHILD John Lowell Rapp.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes.	Aug 9 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Leonard Kyle Rapp.	FULL MAIDEN NAME	Mary Belle Pentecost.
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Dr M L Funk.
(Physician or midwife)
M D.

Address ____

Filed Sept 9 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-101-614-231

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Bowmont

No. ..... St.

Registration District No. 7 File No. 104530

Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD John Ivan Franklin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 1 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Luther Columbus Franklin	FULL MAIDEN NAME Edna Bell Black
RESIDENCE	Bowmont	Bowmont
COLOR	White	White
AGE AT LAST BIRTHDAY	36 (Years)	23 (Years)
BIRTHPLACE	Tennessee	Kansas
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 10:35 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. Finke M.D.
(Physician or midwife)

Address M.B.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Sept 9 1922 Pearle Dodds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-11 Y. 014-234

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Canyon
City of Nampa
No. ..... St.
Hospital Mercy
Reg. No. 7
File No. 104591
Primary Registration District No. 2006
Registered No. .....

FULL NAME OF CHILD Robert James Metzger
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes -	Aug. 14 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 - Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred J. Metzger	Zuma Lee Stuart
RESIDENCE	Boburndale	Bowmont
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	41	29
BIRTHPLACE	Ill.	Nebraska
OCCUPATION	Farmer -	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Dr. M. L. Fink.
(Physician or midwife)

Address M.D.

Filed Sept 9 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1942

349-219.014-986

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 104592

No. R#5 St.

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Marjorie Curtis

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Female			2	yes	8	19	22

FATHER	MOTHER
FULL NAME: Everett W. Curtis	FULL MAIDEN NAME: Elsie M. Rhodes
RESIDENCE: R#5 Nampa	RESIDENCE: R#5 Nampa
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 15 P. M. on the date above stated.

(Signature) Les N. Clifton M.D.

(Physician or midwife)

Address

Filed Sept 9 1922 Pearle Dodds Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-113-014-2 39

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 221-14th ave. N. St.

Registration District No. 7

File No. 104593

Hospital

Primary Registration District No. 1504

Registered No.

FULL NAME OF CHILD Kenneth Claud More.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes.	Aug 13 1922.

What bactericidal solution was used in eyes? Silver Nitrate 1 o/o Sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Kenneth Claud More	FULL MAIDEN NAME	Ethel Lora Scism
RESIDENCE	Nampa - Idaho.	RESIDENCE	Nampa - Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22.	AGE AT LAST BIRTHDAY (Years)	20.
BIRTHPLACE	Arkansas	BIRTHPLACE	Missouri
OCCUPATION	General Laborer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician.
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address

Filed Sept 9 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 3 1942

DECEASED

299-113-014-915

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104594

County of Canyon
City of Nampa
No. 10th Ave. N. St.
Hospital
Registration District No. 7
File No.
Primary Registration District No. 111
Registered No.

FULL NAME OF CHILD Army Randall Brimmer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Aug 13 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Raymond Brimmer	FULL MAIDEN NAME	Elsa Naomah Randall
RESIDENCE	Nampa - Idaho	RESIDENCE	Nampa - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Mason	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Proctor
Physician.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 9 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1942

512-120-014255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104595

County of Canyon

City of Nampa

No. 509-14th N. St.

Registration District No. 7 File No.

Hospital Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Donald Claude Eastman.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes.	Aug 20 1922

What bactericidal solution was used in eyes? Silver Nitrate 1 o/o Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Elmer I. Eastman.	FULL MAIDEN NAME	Marie E. Benedict
RESIDENCE	Nampa - Idaho.	RESIDENCE	Nampa - Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Missouri	BIRTHPLACE	Ohio
OCCUPATION	Sweet Milk Tester	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address

Filed Sept 9 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1945

JUN 2 9 1942

281-122-014-499

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 104596

County of Canyon
City of Nampa
No. 20 4th Ave 1st St
Registration District No. 7
Hospital
Primary Registration District No. 1511
Registered No.

FULL NAME OF CHILD James Alexander Shaffer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 27 1922

What bactericidal solution was used in eyes? Silver nitrate 1% Sol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Gordon William Shaffer	FULL MAIDEN NAME	Frances Ruth Denver
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Idaho	BIRTHPLACE	Texas
OCCUPATION	Grocer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 8:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Sept 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 20 1952

755-126-014-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Nampa
No. 100 Elder St.
Hospital Mercy

Registration District No. 7 File No. 104597
Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Delbert Wesley Peebles
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug. 26 1922

What bactericidal solution was used in eyes? Silver Nitrate 1 % Sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William C. Peebles	FULL MAIDEN NAME	Ruby Meryl Harrison
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Missouri	BIRTHPLACE	Colorado
OCCUPATION	Postal Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address

Filed Sept 9 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 23 1943

OCT 29 1943

955-229.014-389

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

County of Canyon

City of Nampa

No. Elder St. Registration District No. 7 File No. 104598

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Ramona Cecilia Rivera
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 29 1922

What bactericidal solution was used in eyes? Silver nitrate 1% Sol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Epemanio Rivera	FULL MAIDEN NAME	Marion Christensen
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	15
BIRTHPLACE	Mexico	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Sept 1 192.2 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-283-014-212

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

County of Canyon
City of Nampa
No. 2nd St. & 23rd Ave.
Registration District No. 7
File No. 104599
Hospital
Primary Registration District No. 100
Registered No.

FULL NAME OF CHILD Ida Ruth Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept 3 1922

What bactericidal solution was used in eyes? silver nitrate 1% sol.

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fred G. Brown	FULL MAIDEN NAME	Margaret J. Babbett
RESIDENCE	Nampa	RESIDENCE	Nampa Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Missouri	BIRTHPLACE	
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal 2 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Sept 1 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

523-12-014-258

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

Registration District No. 7

File No. 104600

No. ____ Street

Primary Registration District No. 1104

Registered No. ____

Hospital Mercy

FULL NAME OF CHILD Frank Behler Estabrook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	1	1	yes	June 22 1922

FATHER

FULL NAME: Frank Estabrook

RESIDENCE: Nampa, Ida

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Folsom, Cal.

OCCUPATION: Attorney

MOTHER

FULL MAIDEN NAME: Beulah B. Behler

RESIDENCE: Nampa, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Blackfoot, Ida.

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:55a.M. on the date above stated.

(Signature) Geo. O. A. Kellogg. Phys.

(Physician or midwife)

Address Nampa, Ida.

Filed Sept 22 1922

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 16 1942

681-124-014-464

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 104001

Primary Registration District No. 1806 Registered No. .....

FULL NAME OF CHILD William Donovan O'Hara

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	x		x	Yes	June (Month) 24 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Hugh O'Hara	FULL MAIDEN NAME	Helen Lauderbaugh
RESIDENCE	Nampa, Ida.	RESIDENCE	Nampa, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. A. Kellogg Phys.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Nampa, Ida.

Filed Sept 9 1922 Pearl Dodds

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made, and the number of each, in order of birth stated.

[redacted]

OCT 8 1969

NOV 18 1969

294-109-014-396

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 104602

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital Mercy

FULL NAME OF CHILD Robert Arthur Brunner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June (Month) 9 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Arthur John Brunner	FULL MAIDEN NAME Cleda Katherine Crooks
RESIDENCE 1613-1st So. Nampa	RESIDENCE 1613-1st So. Nampa
COLOR White AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Seneca Mo.	BIRTHPLACE Baldwin Kans
OCCUPATION Wholesaler Oil & Gas	OCCUPATION

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 a.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. A. Kellogg Phys.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Nampa, Ida.

Registrar

Filed Oct 9 1922 Sears [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/10/41 L.

853-13-046-817

FORM OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104603

County of Canyon

City of Nampa

SEP 13 1922
BUREAU OF VITAL STATISTICS

Registration District No. 7 File No.

No. St. Primary Registration District No. 1606 Registered No.

Hospital

FULL NAME OF CHILD Orval D. Helwege.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		Yes.	Aug. 13 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Walter Helwege.	FULL MAIDEN NAME Edna Hagle.
RESIDENCE Nampa	RESIDENCE Nampa
COLOR White.	COLOR White.
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Missouri
OCCUPATION Laborer.	OCCUPATION H wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:36 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Dr. M. S. Fink.
(Physician or midwife)

Address M B

Filed Sept 9 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1 1942

819-105-014-286

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 15 1922 BUREAU OF VITAL STATISTICS

County of Canyon

City of Nampa

No. ____ St.

Hospital ____

CERTIFICATE OF BIRTH 104604

Registration District No. 7

Primary Registration District No. 1006

File No. ____

Registered No. ____

FULL NAME OF CHILD ~~Albert~~ Harvey Alan Ellsworth

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Sept 5 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	George E Harvey	FULL MAIDEN NAME	Jane Viola Flores
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	~~30~~ 31 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. L. Fink M.D.

(Physician or midwife)

Address M.B.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Sept 9 1922 Pearl Lewis

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-207-014-235

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 220-12 Av So St.

Registration District No. 7 File No. 104605

Primary Registration District No. 1006 Registered No.

Hospital —

FULL NAME OF CHILD Sarah Jane Chamberlin

Sex of Child female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Sep - 7 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Floyd A. Chamberlain	FULL MAIDEN NAME	Ruby Sleeper
RESIDENCE	220-12 Av So Nampa	RESIDENCE	220-12 Av So Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10 25 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chelton M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Nampa Idaho

Filed Sept 9 1922 Sean [illegible]

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-228-214-236

Form V. S. No. 11-C-2m-7-31-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 316-12th Ave no St.

Registration District No. 7

File No. 104606

Primary Registration District No. [illegible]

Registered No.

Hospital

FULL NAME OF CHILD Dorothy May Barrett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		✓	yes	8/28 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter M. Barrett	FULL MAIDEN NAME	Harriet Stowe
RESIDENCE	316-12th Ave no Nampa	RESIDENCE	316-12th Ave no Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	house wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Nampa Idaho

Filed Sept 9 1922

[illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT

389-125-014-791

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

SEP 13 192

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 104607

No. ..... St.

Primary Registration District No. [illegible]

Registered No. .....

Hospital Mercy

FULL NAME OF CHILD Jack Chilton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	8/25-1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leo W. Chilton	FULL MAIDEN NAME	Edith G. Gray
RESIDENCE	423-6th St So. Nampa	RESIDENCE	423-6th St. So Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Oregon
OCCUPATION	Physician & Surgeon	OCCUPATION	House-wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Nampa Idaho

Filed Sept 9 1922 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

555-225-01K-155

Form V. S. No. 11-C--25m-7-21-19

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 609-9th Av So St.

Registration District No. 7 File No. 104608

Primary Registration District No. 1886 Registered No.

Hospital

FULL NAME OF CHILD Mary Virginia Everly

Sex of Child female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Aug-20-1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Ronald E. Everly	FULL MAIDEN NAME Joyce J. Jenness
RESIDENCE 609-9th Av. So. Nampa	RESIDENCE 609-9th Av. So. Nampa
COLOR White AGE AT LAST BIRTHDAY 27 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Dairy business	OCCUPATION House-wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo N. Chilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Nampa Idaho

Filed Sep 9 1922 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 13 1949

DEC 11 19[illegible]R

437-131-014-893

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 423 20th Ave So.

Registration District No. 7 File No. 104609

Primary Registration District No. [illegible] Registered No.

Hospital

FULL NAME OF CHILD Raymond Ory McGowan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	yes	8/31/1922

FATHER	MOTHER
FULL NAME: Jas M McGowan	FULL MAIDEN NAME: May Hill
RESIDENCE: 423 20th Ave So	RESIDENCE: 423 20th Ave So
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Colorado
OCCUPATION: Fireman O S L	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 05 a M. on the date above stated.

(Signature) Geo W Chilton Md

(Physician or midwife)

Address Nampa Idaho

Filed SEP 9 1922 Pearl Goode Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104610

County of [redacted]

City of Soda Springs

692-217-015-613 No. _____ St.

Registration District No. 91 File No. _____

Hospital _____ Primary Registration District No. 2159 Registered No. 99

FULL NAME OF CHILD [redacted] Wiseman Evelyne

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	Aug. 17 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Leonidrum L. Wiseman	FULL MAIDEN NAME	Alma Watson
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	Idaho
OCCUPATION	A Man Stock ranch	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Emil Kaeckly
Registrar.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs, Idaho

Filed Sep 30 1922 Emil Kaeckly
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Soda Springs

Street: .....

County: Caribou

File Number: 104610

Registration Dist. No. .....

Date of Birth: 17th of August 1922

Sex of Child: Female

Father: Landrum Leon Wiseman (Full Name)

Mother: Alma Watson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eveline Wiseman (Child's Name in Full)

Alma Wiseman (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5461 [illegible] -546

PL[illegible]RTH

RECEIVED SEP 15 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

104611

County of Cassia

City of Castle Rock

Registration District No. ..... File No. .....

No. ..... St.

Hospital At home

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lee Dewey Edwards.

Sex of Child boy | Twin Triplet or other? 1 and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of Birth July 17 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph N Edwards	FULL MAIDEN NAME	Isabell Edwards.
RESIDENCE	Almo Idaho	RESIDENCE	Almo Idaho
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Almo	BIRTHPLACE	Almo.
OCCUPATION	Farmer	OCCUPATION	House Wife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live Yes (Born alive or stillborn), at 11.30 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Annie Green

Midwife
(Physician or midwife)

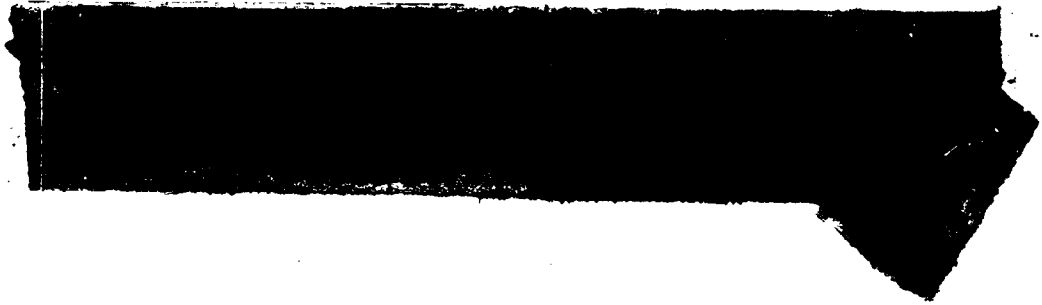
Given names added from a supplemental report.

..... 19....

Registrar

Sept 10 1922

C J Sater
Registrar



253-123-046-365

PLACE OF BIRTH

RECEIVED
SEP 15 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Almo

No. ..... St.

Hospital at home

Registration District No. 119 File No. 104612

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Henry Austin Belnap

Sex of Child Male | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth July (Month) 23 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Henry Belnap	FULL MAIDEN NAME	Ida Loveland
RESIDENCE	Almo Idaho	RESIDENCE	Almo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Hooper Utah	BIRTHPLACE	Calls Fort Utah
OCCUPATION	Stock-farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C I Sater MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malta Idaho

Filed Sept 10 1922 C I Sater

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
OCT 2[illegible]
BUREA[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, [illegible]

Dear Madam:

The name of your [illegible] was not entered in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Almo

Street: .....

County: Cassia

File Number: 104612

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: July 23 1927

Father: Henry Belnap (Full Name)

Mother: Ida Loveland (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Henry Austin Belnap
Child's Name in Full

Henry Belnap
Signature of Father or Mother

MAY 29 1969

JUN 30 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Form V. S. No. 11-C-[illegible]-31-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
SEP 10 1922
BUREAU OF VITAL STATISTICS

City of Elba Registration District No. 119 File No. 104613

No. ..... St.

Hospital At home Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Boyd Ellis Parish

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	July 22 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Ellis Robert Parish	FULL MAIDEN NAME	Ethel B. Durfee
RESIDENCE	Elba Idaho	RESIDENCE	Elba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Elba Idaho	BIRTHPLACE	Almo Idaho
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malta Idaho

Filed Sept 10 1922 C. I. Sater

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 8 1942

JUN 19 1961
MAY 8 1967

336-119-016-819

RECEIVED SEP 1 ... BUREAU STATI...

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

Registration District No. 119 File No. 104614

No. ..... St.

Hospital At home

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Forest Harper Lloyd

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	July 19 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel M. Lloyd	FULL MAIDEN NAME	Lureta C. Harper
RESIDENCE	Albion Idaho	RESIDENCE	Albion Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Heber Utah	BIRTHPLACE	Albion Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C I Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malta Idaho

Filed Sept 10 1922 C I Sater

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693/01.016-612

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 15 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

104615

County of Cassia

City of Elba

Registration District No. 119

File No.

No. 1 St.

Primary Registration District No. 2198

Registered No.

Hospital At Home

FULL NAME OF CHILD Rolla L. Wickel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 1 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Willard Wickel	Sylvia Jane Wyke
RESIDENCE	Elba Idaho	Elba Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	44
BIRTHPLACE	Davis Co. Utah	Box Elder Co. Utah
OCCUPATION	Stock Farmer	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:25 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C I Slater M D

(Physician or midwife)

Address Malta Idaho

Filed Sept 18 1922 C I Slater

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
DEC
BUR
61

Boise, Idaho, ...192...

Dear Madam:-

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Elba

Street: .....

County: Cassia

File Number: 104615

Registration Dist. No.: 8

Sex of Child: Male

Date of Birth: July 1 1922

Father: Willard Wickel (Full Name)

Mother: Sylvia Jane Drake (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Rolla L. Wickel
Child's Name in Full

Mrs Sylvia J. Wickel
Signature of Father or Mother

OCT 28 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

165-202-016-719

PLACE OF BIRTH

RECEIVED
SEP 15 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Malta

Registration District No. 119

File No. 104616

No. ____ St.

Primary Registration District No. 298

Registered No. ____

Hospital At home

FULL NAME OF CHILD Mildred Ann Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 2 1922

FATHER	MOTHER
FULL NAME: David W. Jones	FULL MAIDEN NAME: Violet Parkinson
RESIDENCE: Malta Idaho	RESIDENCE: Malta Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Cache Valley Utah	BIRTHPLACE: Cache Valley Utah
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Sater M. D.
(Physician or midwife)

Address Malta Idaho

Filed Sept 11 1922 C. J. Sater
Registrar

Given names added from a supplemental report.

19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1966

Form V. S. No. 11-C--25m-7-21-19

219-103 [illegible] 254

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Cassia

SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104617

City of Standrod

Registration District No. 119 File No.

No. - - - St.

Primary Registration District No. Registered No.

Hospital At home

FULL NAME OF CHILD Eldon Matthew Barnes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy			Aug (Month) 3 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Max Curtis Barnes	FULL MAIDEN NAME	Rosetta Amelia Kempton
RESIDENCE	Standrod, Idaho	RESIDENCE	Standrod
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Kelton Utah
OCCUPATION	Farmer & Stockraiser	OCCUPATION	House keeping

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Green

Midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Sept 10 1922

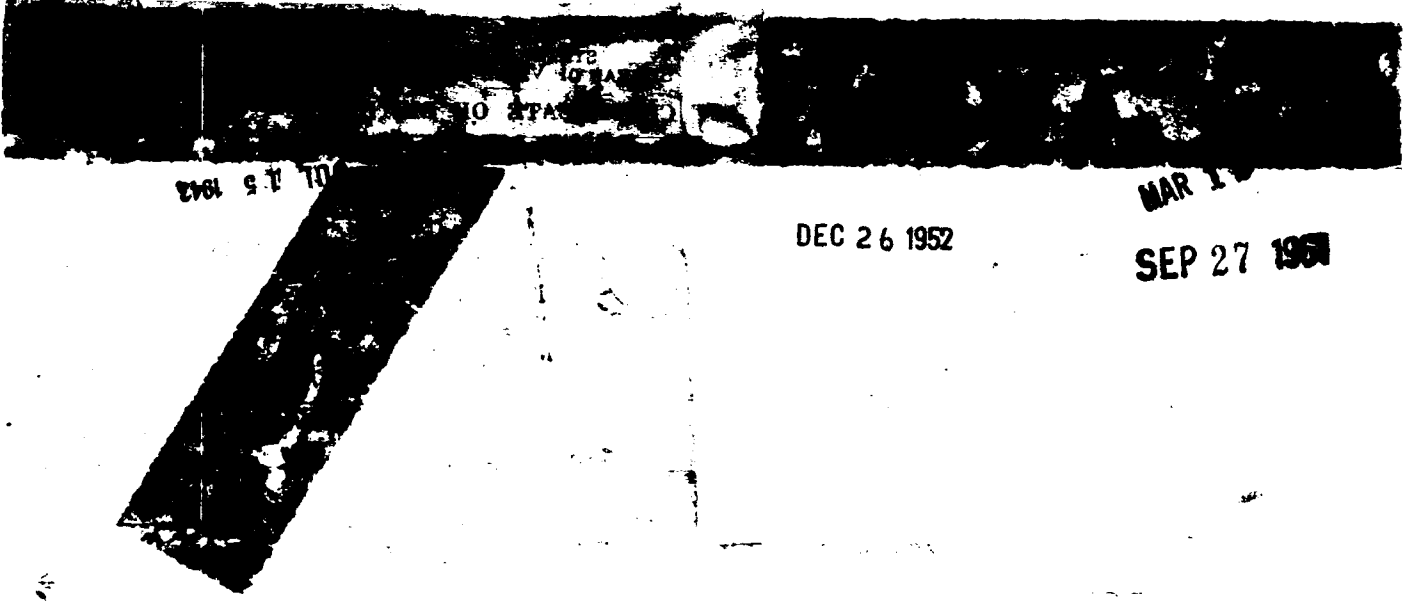
C. J. Sater
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



DEC 26 1952

SEP 27 1951

132-107-016-493

Form V. S. No. 11-C-25m-7-21-19

RECEIVED
SEP 10 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF ... BUREAU OF VI...

CERTIFICAT...

104618

County of Cassia

City of Albion

Registration District No. 114 File No.

No. ... St.

Primary Registration District No. 296 Registered No.

Hospital At Home

FULL NAME OF CHILD Bobby Ray Albertson

Sex of Child	Twin, Triplet or other? ( ) and Number in order of birth ( ) (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 7 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Cyrus Albertson	Emma Miller
RESIDENCE	Albion Idaho	Albion Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	38
BIRTHPLACE	Utah	Snow ville Utah
OCCUPATION	Butcher	Home maker

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C F Salter M D

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Sept 10 1922 C F Salter

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

RECEIVED
DEPARTMENT OF PUBLIC WEL
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Albion

File Number: 104618

Street: .....

Registration Dist. No. .....

County: Cassia

Sex of Child: Male

Date of Birth: Aug 7 1922

Father: Cyrus Albertson (Full Name)

Mother: Emma Miller (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Bobby Ray Albertson
Child's Name in Full

Mrs. Cyrus Albertson
Signature of Father or Mother

JUL 19 1966

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

219-120-016-294

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

Registration District No. 119 File No. 104619

No. ..... St.

Hospital At Home Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Glenn Edward Barrett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug 20 1922

FATHER		MOTHER	
FULL NAME	William Barrett	FULL MAIDEN NAME	Lula Kidd
RESIDENCE	Albion Idaho	RESIDENCE	Albion Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Pocatello Idaho	BIRTHPLACE	Marian Idaho
OCCUPATION	Common Laborer	OCCUPATION	Home mfr.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C F Slater M D
(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Sept 10 1922 C F Slater
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/23/41 L. B.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, [redacted] 192[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Albion

Street:

County: Cassia

File Number: 104619

Registration Dist. No.:

Sex of Child: Male

Date of Birth: August 20th 192[illegible]

Father: William Barrett (Full Name)

Mother: Sarah Lula Kidd (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Glenn Edward Barrett

Child's Name in Full

William Barrett

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-114-016-137

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 10 1922
BUREAU OF VITAL STATISTICS

County of Cassia

CERTIFICATE OF BIRTH

City of Elba

Registration District No. 114 File No. 104620

No. ..... St.

Primary Registration District No. 2178 Registered No. .....

Hospital At home

FULL NAME OF CHILD Henry Marion Wickel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Aug 16 1922

	FATHER	MOTHER
FULL NAME	Henry Wm Wickel	FULL MAIDEN NAME Annie May Allphin
RESIDENCE	Elba Idaho	Elba Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	20
BIRTHPLACE	Davis Co. Utah	Elba Idaho
OCCUPATION	Stock-Farmer	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7:45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C F Slater M D
(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Sept 10 19 22 C F Slater
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Aug 1928

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Elba

Street:

County: Cassia

File Number: 104620

Registration Dist. No.:

Date of Birth: Aug 14 1928

Sex of Child: Male

Father: Henry W. Wickel (Full Name)

Mother: Anna Mae Allphin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Henry Marvin Wickel
Child's Name in Full

Mae Wickel
Signature of Father or Mother

DEC 19 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-215-016-695

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED SEP 10 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Elba

Registration District No. 119 File No. 104621

No. ..... St.

Hospital At home

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Eva Wickel

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Aug (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Louis Wickel	FULL MAIDEN NAME	Eva Winder
RESIDENCE	Elba Idaho	RESIDENCE	Elba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Elba Idaho	BIRTHPLACE	Desert Lake Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:35 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C I Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address ~~C I Sater~~ Malta Ida

Filed Sept 10 1922 C I Sater

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-22-016144

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Cassia

CERTIFICATE OF BIRTH

City of Albion

Registration District No. ..... File No. 104622

No. ..... St.

Hospital At Home

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 22 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wally Schmidt	Julia Manda Judd
RESIDENCE	Albion Idaho	Albion Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Umatilla Co. Oregon	Phoenix Arizona
OCCUPATION	Mechanic	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Slater M.D.
(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 10 1922 C. J. Slater
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-128-016-154

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

SEP 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

Registration District No. 119 File No. 104623

No. ..... St.

Hospital At home

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD William Ray Broadhead

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Aug 28 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Broadhead	FULL MAIDEN NAME	Helen A Anderson
RESIDENCE	Albion Idaho	RESIDENCE	Albion Idaho ~~Heber Cy. Utah~~
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Heber Cy. Utah	BIRTHPLACE	Heber Cy. Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C I Sater MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malta Idaho

Filed Sept 10 1922 C I Sater Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Albion

Street: .....

County: Cassia

File Number: 104623

Registration Dist. No. .....

Date of Birth: Aug 28 1922

Sex of Child: Male

Father: William Broadhead (Full Name)

Mother: Helen Emelia Anderson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ray Broadhead
Child's Name in Full

William Broadhead
Signature of Father or Mother

MAR 30 1955

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME C

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, p and legitimacy.

It enables the Public Health Nurse to make sure the cl been protected from danger of blindness and other infections a

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men ar pelled to furnish certified copies of certificates of birth, it portant that the certificates be filed with the BUREAU OF VITAL TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

State of Washington Standard General Certificate, State Board of Education, for William R. Broadhead, valid from 6-16-55; dated at Olympia, Wash. July 11, 1955 - viewed by V.S. and State of Washington Superintendent's Credential, State Board of Education as an Administer
ud Superviser of Public Schools
or William R. Broadhead - dated at Olympia, Wash. on June 21, 1955 viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Minidoka } ss.

Certificate No. 104623

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ray Broadhead (Name on Original Certificate) who was born (Was Born or Died) on Aug 28, 1922 (Date of Event)
in Albion, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED (Name, "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Ray Broadhead	William Ray Broadhead

Subscribed and sworn to before me this 2nd day of May, 1960

Notary Public, residing at Rupert, Idaho
My commission expires 5-3-1962
(Seal)

Signed x Helen A. Broadhead
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rupert, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155

SEP 15 1960

449-129616

PLACE OF BIRTH

Form V. S. No. 11 Rev. 1-21-19

County of Cassia

City of Almo

Registration District No. [illegible] File No. 104624

No. ..... St.

Hospital At home

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Walter Leland Durfee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 29 1922

FATHER		MOTHER	
FULL NAME	Lorenzo Durfee	FULL MAIDEN NAME	Anna A Bruesch
RESIDENCE	Almo Idaho	RESIDENCE	Almo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	56	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Providence Utah	BIRTHPLACE	Silver City New Mex.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 30 - A M. on the date above stated.

(Signature) Annie Green

Midwife

(Physician or midwife)

Address .....

Filed Sept 10 1922 C P Sales

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 19 1967

JUN 19 1967

263-115-016-299

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Almo

Registration District No. 119

File No. 104625

No. ..... St.

Hospital at home

Primary Registration District No. 14

Registered No. .....

FULL NAME OF CHILD John B. Bateman

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	(To be answered only in event of plural births)	7	Yes	4	15	1922

FATHER	MOTHER
FULL NAME Orlando Jonas Bateman	FULL MAIDEN NAME Emma Eleanor Bringhurst
RESIDENCE Almo Idaho	RESIDENCE Almo, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE West Jordan Salt Lake Co Utah	BIRTHPLACE Taylorsville, Utah
OCCUPATION Rancher	OCCUPATION House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Annie Green

Midwife
(Physician or midwife)

Address Almo

Filed Sept 10 1922 C I Slater
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1942

795-209-016-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 15 1922
BUREAU OF VITAL STATISTICS

County of Cassia

City of Declo

No. ..... St. ..... Registration District No. 117 File No. 104626

Hospital ..... Primary Registration District No. 2196 Registered No. 2368

FULL NAME OF CHILD Della Preston
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Aug 9 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag. Nos.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Leland Preston	FULL MAIDEN NAME	Jella Lott
RESIDENCE	Declo	RESIDENCE	Declo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler
MD
(Physician or midwife)

Address Burley Ida

Filed Sept 8 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMEN[illegible] PUBLIC WELFARE

[illegible] Boise, Idaho, [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Hello
- Street:
- County: Cassia

File Number: 104626

Registration Dist. No.:

Date of Birth: Aug. 9 1922

Sex of Child: Female

Father: Leyland Preston
Full Name

Mother: Drusella Lott
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Della Preston
Child's Name in Full

Mr. Leyland Preston
Signature of Father or Mother

MAR 1 0 1945

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

293-029-016-659

PLACE OF BIRTH

REC
SEP
BURE
ST

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. R F D I St.

Registration District No. 117 File No. 104627

Hospital

Primary Registration District No. 2196 Registered No. 2369

FULL NAME OF CHILD Burton William Silcock
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1		1	Yes	July 29 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO3 1% Sol.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Burton Silcock	FULL MAIDEN NAME	Lillie May Ferguson
RESIDENCE	Burley R #I	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farm	OCCUPATION	Hswfe.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Smith M.D.
(Physician or midwife)

Address Burley Idaho

Filed Sept 8 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 6 1942

944-706-016-498

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

RECEIVED SEP 13 192[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 104628

Primary Registration District No. 2196 Registered No. 2352

FULL NAME OF CHILD Philip Harold Rudolph

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	Aug. 6 192[illegible]

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J. M. Rudolph	FULL MAIDEN NAME	Wilma Drysdale
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Hsfa.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician (Physician or midwife)

Address Burley Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Aug. 16 192[illegible] Dr. J. C. Patterson

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

EVERAL REASONS WHY A CER

THE SAME

ear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importce to have the full name included in the record. Kindly fill in the information requested in the blank below d return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

---

ace of rth
City Burley Idaho
Street 321 S. Albion Ave.
County Cassia

File Number 104628

Registration Dist. No.

x of Child Male

Date of Birth Aug 7 1922

ther Fred M. Rudolph
Full Name

Mother Wilma Drysdale
Full Maiden Name

HEREBY CERTIFY that the child described herein has been named:

Phillip Harold Rudolph
Child's Name in Full

Mrs Wilma Rudolph
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

453-10 8/6-539

County of Cassia

City of Burley

No. ..... St.

Hospital .....

RECEIVED
SEP 15 192
BUREAU OF
STATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 104629

Primary Registration District No. 2196 Registered No. 2351

FULL NAME OF CHILD Harold Elson DeLamare

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	Aug. 5 192[illegible]

What bacterieidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2. Number of child of this mother now living, including present birth 1.

FATHER		MOTHER	
FULL NAME	J. G. DeLamere	FULL MAIDEN NAME	Edna Elson
RESIDENCE	Burley. Ida.	RESIDENCE	Burley. Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Laborer.	OCCUPATION	Nurse.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Dr. J. C. Patterson

Physician
(Physician or midwife)

Address Burley. Idaho

Filed Aug. 16 192[illegible] Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 16 1944

SEVERAL REASONS WHY A C[illegible] OF B[illegible] S[illegible]

BE FILED [illegible] CH[illegible]

JUL 7 1949

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: 404 N Malta

County: Cassia Co

File Number: 104629

Registration Dist. No.:

Date of Birth: 8-5 192?

Sex of Child: Male

Father: Theo George De La Mare (Full Name)

Mother: Edna Myrtle Elison (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Theodore Elison De La Mare

(Child's Name in Full)

Theo G. De La Mare

(Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

JUL

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

744-228-016-318

PLACE OF BIRTH

RECEIVED SEP 15 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104630

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2350

FULL NAME OF CHILD Lausanne Gudmunsen.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	July 28 1922

What bacterieidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ivy Gudmunsen.	FULL MAIDEN NAME	Elsie Taylor.
RESIDENCE	Burley. Ida.	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Produce Buyer.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley, Idaho.

Give names added from a supplemental report.

....., 19.....

Filed Aug. 15 1922 Dr. J. C. Patterson
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 8 1974

MAY 1 1 1942

967-22-016-469

PLACE OF BIRTH

RECEIVED
SEP 15 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104631

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Hospital .....

Primary Registration District No. 2196 Registered No. 2353

FULL NAME OF CHILD MARIAN Lorraine Rogers.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Aug. 22 192

What bacteriedal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	J. L. Rogers.	FULL MAIDEN NAME	Angeie Mortensen
RESIDENCE	Burley, Ida.	RESIDENCE	Same.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Laborer.	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 31 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 29 1943

213-123-016-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104632

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2354

FULL NAME OF CHILD Garth Bates
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Aug 23 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	A. H. Bates	FULL MAIDEN NAME	Isabelle Jenkins
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Hsfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician (Physician or midwife)

Address Burley Idaho

Filed Sept. 1 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-11-41 G.J.

445-222-016-389

PLACE OF BIRTH

RECEIVED
SEP 15 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Paul

No. ..... St.

Registration District No. 117 File No. 104633

Hospital .....

Primary Registration District No. 2196 Registered No. 2355

FULL NAME OF CHILD Linda Irene Munsee

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe.			Yes.	Aug 22 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	George Munsee.	FULL MAIDEN NAME	Elva Child.
RESIDENCE	Paul, Idaho.	RESIDENCE	Paul Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farming.	OCCUPATION	Hsfe.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley, Idaho

Filed Sept. 1 1922 Dr. J. C. Patterson

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[illegible]RAL REASONS WHY A CERTIFICATE OF BI[illegible]
[illegible] SAME COMPLETED WI[illegible]

OCT 2
BUREAU OF VI
STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City ..... Paul .....
Street .....
County ..... Minidoka .....

File Number ..... 104633 .....

Registration Dist. No. ..... 3 .....

Date of Birth ..... August 22nd 1922

Sex of Child ..... Female .....

Father ..... George William Munsee .....
Full Name

Mother ..... Elvira Augusta Child .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Linda Irene Munsee .....
Child's Name in Full

..... Mrs. Elvira Munsee .....
Signature ~~of Father or~~ Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

266-125-016-236

PLACE OF BIRTH

RECEIVED
SEP 15 1927
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 104634

Primary Registration District No. 2196 Registered No. 2356

FULL NAME OF CHILD Richard Thompson Story Boulding

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 25 1927

What bacterieidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ernest L. Boulding	FULL MAIDEN NAME	Clara B. Story
RESIDENCE	Burley Ida.	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Idaho
OCCUPATION	Store-clerk	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) Dr. J. C. Patterson

Physician (Physician or midwife)

Address Burley Idaho

Filed Sept. 1 1927 Dr. J. C. Patterson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1942

459-120-016-791

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia
City of Burley
No. ..... Street
Hospital .....

RECEIVED
SEP 15 1922
BUREAU OF VITAL STATISTICS

Registration District No. 117 File No. 104635
Primary Registration District No. 2196 Registered No. 2357

FULL NAME OF CHILD DONALD GRAY Merrill.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	Aug. 20 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	I. A. Merrill.	FULL MAIDEN NAME	Carrie Gray.
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Farming.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19....

..... Registrar.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)
Address Burley Idaho
Filed Sept 1 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 104635

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Donald Gray Merrill (Name on Original Certificate) who was born (Was Born or Died) on Aug. 20, 1922 (Date of Event)
in Private home (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism record (Bible Record, Insurance Policy, Etc.) prepared on Sept 7, 1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Merrill	Donald Gray Merrill

Book 3 Page 529 View Ward.

Subscribed and sworn to before me this 1
day of March, 1942

Notary Public, residing at Burley
My commission expires Feb 20, 1946
(Seal)

Signed Ivan A Merrill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27
day of February, 1942

Notary Public, residing at Burley
My commission expires Feb 20, 1946
(Seal)

Signed Mrs Sarah A Bingham
(Signature of Any Credible Person Other Than Previous Year)

Declo, Idaho
(Street Address, City, State)

MAR 19 1942

614-102-216-285

PLACE OF BIRTH

RECEIVED SEP 15 1922 BUREAU OF STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104636

County of Cassia

City or Burley

No. 9 St.

Registration District No. 117 File No.

Hospital

Primary Registration District No. 2196 Registered No. 2358

FULL NAME OF CHILD Ward Gerald Wadsworth.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 7 1922

What bacterieidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Warren Wadsworth.	FULL MAIDEN NAME	Lillie Cheney.
RESIDENCE	Burley. Ida.	RESIDENCE	Burley. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho Falls, Ida.	BIRTHPLACE	Arizona.
OCCUPATION	Rancher.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:05 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C Patterson

Physician
(Physician or midwife)

Address Burley. Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 2nd 1922 Dr. J. C Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

and return this sheet, to your

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: 612 W. Alma

County: Cassia

File Number: 104636

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Aug. 2 1922

Father: Warren Wadsworth (Full Name)

Mother: Lillian Cheney Wadsw (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Karl Gerald Wadsworth (Child's Name in Full)

Lillian Cheney Wadsworth (Signature of Father or Mother)

and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

366-124-016-813

PLACE OF BIRTH

RECEIVED
SEP 15 '32
BUREAU OF
STATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104637

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2359

FULL NAME OF CHILD Gerald Dean Cooper.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	Aug 24 1932

What bacterieidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wesley Cooper.	FULL MAIDEN NAME	Cecil Hale.
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah.
OCCUPATION	Laborer.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept. 2 1932 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

512-228-216-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 15 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104638

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Hospital Fremont Primary Registration District No. 2196 Registered No. 2360

FULL NAME OF CHILD Dorothy Louise Nash.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe.	3	Yes.	Aug 28 1922

What bacteriolidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME F. D. Nash.	FULL MAIDEN NAME Olive Thompson
RESIDENCE Murtaugh Ida.	RESIDENCE Murtaugh Ida.
COLOR White AGE AT LAST BIRTHDAY 42 (Years)	COLOR White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Ill.
OCCUPATION Banker.	OCCUPATION Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

.....
Registrar.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho.

Filed Sept 8 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Merced }

Certificate No. 104638

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of AUGUST 27, 1942 (BIRTH OR DEATH)
for ____ (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN OR DIED) on AUGUST 27, 1942 (DATE OF EVENT)
in ____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Dorothy Louise Nash

Subscribed and sworn to before me this 8 day of May, 1942

Florence Mansfield

Notary Public, residing at Merced Calif.

My commission expires Dec. 12-1943

(SEAL)

Signed Mrs. E. Oline Nash

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

453 26th Street, Merced, Calif.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Merced }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of May, 1942

Florence Mansfield

Notary Public, residing at Merced Calif.

My commission expires Dec. 12-1943

(SEAL)

Signed Mary J. Thompson

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

453 26th Street Merced, Calif.

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 19 1942 By ____

(REGISTRAR'S SIGNATURE)

MAY 20 1949

286-207-016-215

PLACE OF BIRTH

RECEIVED
SEP 1[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104699

County of Cassia

City of Burley

No. ____ St.

Registration District No. 117 File No.

Hospital

Primary Registration District No. 2196 ~~Registered No.~~ 2361

FULL NAME OF CHILD Evelyn Louise Shockley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			Yes	Aug. 3, 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Freshly prepared argyrol, 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Orland Russell Shockey	FULL MAIDEN NAME: Bertha May Bancroft
RESIDENCE: Burley, Idaho	RESIDENCE: Burley, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Pittsburg, Pa	BIRTHPLACE: Split Rock, S.D.
OCCUPATION: Carpenter	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) C. A. Rich

Physician
(Physician or midwife)

Address Burley Idaho

Filed Aug 31 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS [illegible] CERTIFICA[illegible]
[illegible]CH CHILD

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ... Burley

Street .....

County ... Cassia

File Number 104639

Registration Dist. No. .....

Sex of Child ..... Female

Date of Birth ... Aug. 8, ... 1922

Father ... Orland Russell Shockey (Full Name) Mother ... Bertha May Bancroft (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

... Evelyn Louise Shockey (Child's Name in Full)

Mrs. O. R. Shockey (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
866-10-016219

RECEIVED
SEP 15 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104640

County of Cassia
City of Burley
No. ____ St.
Hospital
Registration District No. 117
Primary Registration District No. 2196
File No.
Registered No. 2367

FULL NAME OF CHILD
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug. 10, 1922

What bactericidal solution was used in eyes? Freshly prepared argyrol, 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Irvin Elihu Howell	FULL MAIDEN NAME: Nora Ellen Barker
RESIDENCE: Burley, Idaho	RESIDENCE: Burley, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Clifton, Idaho	BIRTHPLACE: Elba, Idaho
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) C. A. Rich
Physician
(Physician or midwife)

Address Burley, Idaho

Filed Sept. 1 1922 Dr. J. C. Patterson
Registrar.

Dup of 22-400827

The name of your baby was not filled in on the birth certificate sent to this office. It is of important ance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number .....104640.....

Registration Dist. No. .....

Date of Birth .....192....

Sex of Child.....Female.....

Father ..... Mother .....

Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

DUP OF 1922-400827

259212-016259

PLACE OF BIRTH

RECEIVED SEP 15 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 104641

Primary Registration District No. 2196 Registered No. 2363

FULL NAME OF CHILD Pilar Berrio
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug. 12, 1922

What bactericidal solution was used in eyes? Freshly prepared argyrol, 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	~~John~~ Berrio Juan	FULL MAIDEN NAME	Teresa Berriochoa
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Barris, Spain	BIRTHPLACE	Alerio, Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born, alive (Born alive or stillborn), at 12.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rich

Physician
(Physician or midwife)

Address Burley, Idaho.

Filed Sept. 1 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 28 1968

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

466114.016-386

RECEIVED SEP 15 19 BUREAU STATI

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104642

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 2364

FULL NAME OF CHILD Dale Leon Moffett
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Aug (Day) 14, 1922 (Year) 192
Male		Yes	

What bactericidal solution was used in eyes? Freshly prepared argyrol, 10%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Golden Porter Moffett	FULL MAIDEN NAME	Velma Thornton
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Farview, Wyo	BIRTHPLACE	American Fork, Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.35 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rich
Physician
(Physician or midwife)

Address Burley, Idaho.

Filed Sept. 1 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

NS WHY A CERTIFICATE OF
THE SAME COMPA

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Burley
- Street:
- County: Lassia

File Number: 104642

Registration Dist. No.:

Date of Birth: Aug. 14 1922.

Sex of Child: Male

Father: Golden Porter Moffett
Full Name

Mother: Velma Thornton
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Dale Leon Moffett
Child's Name in Full

Velma Moffett
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

253-123 1016-662

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 117 File No. 104643

Primary Registration District No. 2196 Registered No. 2365

FULL NAME OF CHILD JAY David Kelley

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 23 1922

What bactericidal solution was used in eyes? Freshly prepared argyrol, 10%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Oscar Leonard Kelly	FULL MAIDEN NAME: Erma Foster
RESIDENCE: Burley, Idaho	RESIDENCE: Burley, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: American Fork, Utah	BIRTHPLACE: Waterloo, Mont.
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bron alive (Born alive or stillborn), at 2.45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) C. A. Rich

Physician

(Physician or midwife)

Address Burley Idaho

Filed Sept. 1 1922 Dr. J. C. Patterson

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Silver Bow }

Certificate No. 104643

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or Death~~)
for Jay David Kelly (Name on Original Certificate) who was born (Was Born or Died) on August 23, 1922 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	David Sm.	Jay David Kelly
birthdate	Aug. 25	August 23,1922

Subscribed and sworn to before me this 22nd day of June, 19 44.

Elizabeth Holleran
Notary Public, residing at Butte, Montana
My commission expires 3-28-45
(Seal)

Signed Mrs. Erma Evanoff Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

309 Silver Bow Homes, Butte, Mont.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana
County of Silver Bow } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

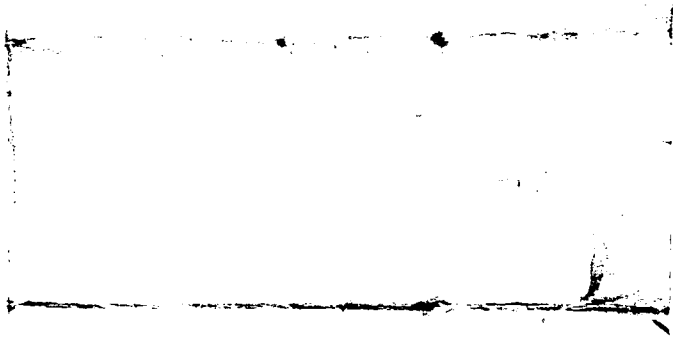
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of June, 19 44

~~Notary Public, residing at~~
~~My commission expires~~
~~(Seal)~~

Signed Frank Carter
(Signature of Any Credible Person Other Than Previous Year)

1540 Phillips Ave Butte Mont
(Street Address, City, State)



JUN 26 1944

249-123-0016-763
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104644

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Cassia
City of Burley
No. ..... St.
Hospital .....

RECEIVED SEP 1 BUREAU

Registration District No. 117
Primary Registration District No. 2196
File No. 104644
Registered No. 2366

FULL NAME OF CHILD Paul Darrell Burns
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 23, 1922

What bactericidal solution was used in eyes? Freshly prepared argyrol , 10 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Montie Paul Burns	FULL MAIDEN NAME: Mable Frances Pollard
RESIDENCE: Burley, Idaho	RESIDENCE: Burley, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Boise, Idaho	BIRTHPLACE: Belle Fourch, S. D.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) C. A. Rich
Physician
(Physician or midwife)

Address Burley Idaho

Filed Sept 1 1922 Dr. J. C. Patterson
Registrar.

APR 6 1965
OCT 25 1966
NOV 14 1991

553-227-016-792

PLACE OF BIRTH

amend 3-30-83

RE... SEP ... BUREA... STA...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104645

County of .....

City of .....

No. ..... St.

Registration District No. 117 File No. .....

Hospital .....

Primary Registration District No. 2196 Registered No. 2367

FULL NAME OF CHILD Bessie Verna Nielson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Aug (Day) 27 (Year) 1922
female		yes	

What bactericidal solution was used in eyes? AgNos

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Jos W. Nielson	FULL MAIDEN NAME	Verna Gibson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler
MD
(Physician or midwife)

Address Burley Ida

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed Sept 8 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ... 20

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number ....104645.....

Registration Dist. No. .....

Date of Birth .....192....

Sex of Child.....Female.....

Father ..... (Full Name)

Mother ..... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

..... (Child's Name in Full)

..... (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

resent 11-4-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED JAN 24 1983

State of _____ } ss.
County of _____

Certificate No. 104645
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Nelson (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8-7-22 (Date of Event)
in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Nelson	Bessie Verna Nielson
date of birth	8-7-22	8-27-22
fathers last name	Nelson	Nielson

Subscribed and sworn to before me this 19th day of Jan, 19 83
Notary Public, [signature]
Residing at Burley
My commission expires 1-22-85
(Seal)

x Bessie Verna Nielson Davis
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

~~Lee pd~~ Sent

Statement from LDS Church Eleventh Ward in Pleasant Grove Utah gives Bessie Verna Nielson was born 8-27-22 at Burley daughter of Joseph Wilford Nielson and Verna Gibson and was baptised April 23, 1933. Viewed by V.S.

Official Record for Social Security gives Bessie Verna Nielson born 8-27-22 in Burley, Cassia, Idaho father Joseph W Nielson , mother Verna H Gibson Social Security Number 519 14 7117. Application made January 1940. Viewed by V.S.

APR 6 1983

415-131-
017-318

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

Registration District No. 125 File No. 104646

No. ..... St.

Hospital ..... Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Carl Manhart Jr

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Aug	31	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl A Manhart	Mildred D Gayle
RESIDENCE	Dubois	Dubois
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	30 (Years)
BIRTHPLACE	Illinois	Idaho
OCCUPATION	Round House Foreman	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) L E Jones MD

(Physician or midwife)

Address Dubois Idaho

Filed Aug 31 1922 L E Jones MD

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 10 1941
OCT 15 1941
[redacted]
NOV 25 1966

855-225-017-335

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois — Registration District No. 125 — File No. 104647

No. ____ St.

Primary Registration District No. 2203 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Madalene Estell Henry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	Aug	25	1922

	FATHER	MOTHER
FULL NAME	Arthur H Henry	FULL MAIDEN NAME Deborah M Colegg
RESIDENCE	St Anthony	RESIDENCE Dubois PO
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE Utah
OCCUPATION	Drug Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2.35 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

(Signature) C E Jones MD

(Physician or midwife)

Address Dubois Idaho

Filed Aug 25 1922

C E Jones M D
Registrar

7

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WORKS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED OCT 31 BUREAU OF VITAL STATISTICS

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Dubois

Street: .....

County: Clark

File Number: 104647

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: August 25th 1922.

Father: Arthur Hallam Henry (Full Name)

Mother: Deborah Myrtle Clegg (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Maxalene Estell Henry
Child's Name in Full

Mrs. Arthur H. Henry.
Signature of Father or Mother

JUN 26 1942

AUG 20 1953

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

JUN 26 1942

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

454-210-017-493

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clark

City of Spencer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

Registration District No. 125 File No. 104648

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Dora Alice Underwood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	Aug	10	1922

	FATHER	MOTHER
FULL NAME	Frank I Underwood	FULL MAIDEN NAME Ellie A Miller
RESIDENCE	Spencer	Spencer
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	33
BIRTHPLACE	Idaho	Utah
OCCUPATION	R R Laborer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones M D
(Physician or midwife)

Address Malad Idaho

Filed Aug 16 1922

C E Jones M D
Registrar

NOV 21 '98

335-603017-364

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104649

County of Clark

City of Dubois

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

Registration District No. 72 S File No.

No. St.

Primary Registration District No. 9203 Registered No.

Hospital

FULL NAME OF CHILD Melvin Sylvester Clegg

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Aug	3	1922

FATHER

FULL NAME Joseph S Clegg

RESIDENCE Dubois Ida

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME May Longee

RESIDENCE Dubois Ida

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:25 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C E Jones M D

(Physician or midwife)

Address Dubois Idaho

Filed Aug 4 1922 C E Jones M D

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

DEPARTMENT OF PUBL[illegible] ARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Dubois

Street: .....

County: Clark

File Number: 104649

Registration Dist. No. .....

Date of Birth: Aug. 3 192.2

Sex of Child: Male

Father: Joseph S. Clegg (Full Name)

Mother: Etta Mae Longell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Melvin Sylvester Clegg (Child's Name in Full)

Joseph S. Clegg (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

847-103-026-364

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104650

County of Jefferson

City of Camas

Registration District No. 125

File No.

No. ..... St.

Primary Registration District No. 2203 Registered No.

Hospital .....

FULL NAME OF CHILD Ottis Dewey Hughes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Aug	3	1922

	FATHER	MOTHER
FULL NAME	Elza D Hughes	FULL MAIDEN NAME Goldie D Tomblinson
RESIDENCE	Camas	RESIDENCE Camas
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 15 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Illinois.
OCCUPATION	R R Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C E Jones MD
(Physician or midwife)

Address Dubois Idaho

Filed Aug 3 1922 C E Jones M D
Registrar

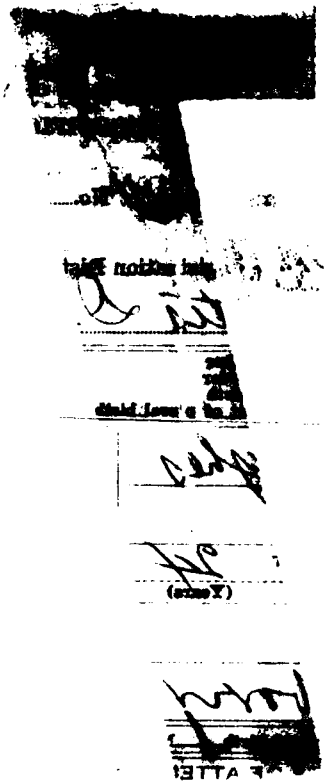
MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 1942

MAR 3 1947



113-207-018-219

PLACE OF BIRTH

RECEIVED SEP 19 1922 BUREAU OF VITAL STATISTICS

[redacted] IDAHO

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Clearwater

City of Dent

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 104651

No. ____ St. ____

Primary Registration District No. 2168 Registered No. 76

Hospital ____

FULL NAME OF CHILD Viola Marie Jackson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes.	Aug.	7	1922

	FATHER	MOTHER
FULL NAME	Willis W. Jackson	FULL MAIDEN NAME Janet Bardwell
RESIDENCE	Dent Ida	RESIDENCE Dent Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	25 (Years)	20 (Years)
BIRTHPLACE	Idaho	Mont.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or Stillborn), at 11:50 P. M. on the date above stated.

(Signature) J. M. Daily

Physician (Physician or midwife)

Address Physician Orofino Ida

Filed Aug 31 1922 J. M. Daily Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

442-116-018-689

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 19 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Clearwater

City of Gilbert

Registration District No. _____ File No. 104652

No. _____ St.

Primary Registration District No. _____ Registered No. 57

Hospital _____

FULL NAME OF CHILD Arlett E Musser

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug 16 1922

FATHER		MOTHER	
FULL NAME	William Musser	FULL MAIDEN NAME	Inez Whitinger
RESIDENCE	Gilbert Ida.	RESIDENCE	Grears Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Daily

Physician

(Physician or midwife)

Address Orofino Idaho

Given names added from a supplemental report.

_____ 19____

Registrar

Filed Aug 31 1922

J. M. Daily

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 31 1941

218-225-018-231

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 19 1922
BUREAU OF VITAL STATISTICS

County of Clearwater

City of Dent

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 104654

No. _____ St.

Primary Registration District No. 2168 Registered No. 59

Hospital _____

FULL NAME OF CHILD Sarah Elizabeth Saylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1	Yes,	Aug. 25 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ira Saylor	FULL MAIDEN NAME	Gladys Blanchard
RESIDENCE	Dent, Idaho	RESIDENCE	Dent, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Wn	BIRTHPLACE	D. C.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Orofino Idaho

Filed Aug 24 1922 J. M. Fairly
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

218-225-018-231

PLACE OF BIRTH

RECEIVED
SEP 19 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Clearwater

City of Dent

Registration District No. 90

File No. 104655

No. ____ St.

Primary Registration District No. 2168

Registered No. 60

Hospital ____

FULL NAME OF CHILD Amanda Belle Taylor

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	2	yes	Aug 25 1922

	FATHER	MOTHER
FULL NAME	Ira Taylor	Gladys Blanchard
RESIDENCE	Dent, Idaho	Dent, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	35
BIRTHPLACE	Ky	D. C.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:00 A.M. on the date above stated.
(Born alive or stillborn)

(Signature) J. M. Family

(Physician or midwife)

Address Dent Idaho

Filed Aug 31 1922 J. M. Family
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 36071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

587-225-018-296

PLACE OF BIRTH

RECEIVED
SEP 19 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

104656

County of Clearwater

City of Orofino

Registration District No. 90

File No.

No. St.

Primary Registration District No. 2168 Registered No. 61

Hospital

FULL NAME OF CHILD Betty Lee Sygard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug. 25 1922

FATHER	MOTHER
FULL NAME: Luburn Sygard	FULL MAIDEN NAME: Edna Brown
RESIDENCE: Orofino	RESIDENCE: Orofino
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

(Signature) J. M. Daily

Physician

(Physician or midwife)

Address Orofino Ida

Filed Aug 31 1922 J. M. Daily

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 24 1943

864-103-019-859

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-26m-1-1-18

RECEIVED
SEP 2 1922
BUREAU OF VITAL STATISTICS

104657

County of Custer

City of Mackay

Registration District No. 16 File No. 1

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Elvin Hyrum Young

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	7 (Month) 31 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Young	FULL MAIDEN NAME	Anna Printha Herrick
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carroll A B Jensen M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mackay Idaho

Filed 9/14 1922 Rose Nowalski
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595-103-019-595

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

RECEIVED SEP 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

104658

County of Custer

City of Mackay

Registration District No. 76

File No. 151

No. ..... St.

Primary Registration District No. 2153

Registered No. .....

Hospital .....

FULL NAME OF CHILD Died

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth 8 (Month) 8 (Day) 1922 (Year)

FATHER

FULL NAME Christian Nielson

RESIDENCE Mackay Ida

COLOR white AGE AT LAST BIRTHDAY 45 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lucy A Nielson

RESIDENCE Mackay

COLOR white AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:10 P M. on the date above stated.

(Signature) Carroll A Jensen M D

(Physician or midwife)

Address Mackay Idaho

Filed 9/14 1922 Rose Nowacki

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC [illegible]

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Chilly

Street: .....

County: Custer

File Number: 104658

Registration Dist. No. .....

Date of Birth: Aug 3 192 2.

Sex of Child: Male

Father: C. Christian Nielson (Full Name) Mother: Daisy Dean Nielson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

We did not name the child as he died first [illegible]

Child's Name in Full

C. Christian Nielson

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

466-227-019-419

PLACE OF BIRTH

County of Custer

City of Patterson

No. ..... St.

Hospital .....

RECEIVED
SEP 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

104659

Registration District No. N

File No. 152

Primary Registration District No. 2153

Registered No. .....

Full Name of Child Katherine Laruth Moore

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes.	DATE OF BIRTH 7 (Month) — 27 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	W. Leroy Moore	FULL MAIDEN NAME	Blanch Martin
RESIDENCE	Patterson	RESIDENCE	Patterson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Minn
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Gilman

M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address May Ida.

Filed 9/14 1922 Rob Nowacki
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS

N. B.—In case of more than one child at birth, a SEPARATE RETURN must of each, in order of birth stated.

391-106-019-314

PLACE OF BIRTH

RECEIVED SEP 22 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C [illegible]-7-21-19

County of Custer

City of Darlington

Registration District No. [illegible] File No. [illegible]

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Wayne L. Crane

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	8 (Month) 6 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John A Crane	FULL MAIDEN NAME	Ruth E. Larsen
RESIDENCE	Darlington	RESIDENCE	Darlington
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Gottland, Sweden
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carroll A B Jensen MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mackay, Idaho

Filed 9/14 1922 Rose Nowacki

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

663-128 019-331

RECEIVED
SEP 22 1922
BUREAU OF VITAL STATISTICS
STATE HOUSE

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104661

County of Custer

City of Mackay

Registration District No. 76 File No. 154

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Earl F. Woehmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	8-28-22

FATHER

FULL NAME Albert Woehmer

RESIDENCE Mackay

COLOR White AGE AT LAST BIRTHDAY 45 (Years)

BIRTHPLACE Ill

OCCUPATION Butcher

MOTHER

FULL MAIDEN NAME Louisa Clark

RESIDENCE Mackay

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE North Carolina

OCCUPATION Home wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:50 A.M. on the date above stated.

(Signature) Carroll A Benson M D

(Physician or midwife)

Address Mackay Ida.

Filed 9/14 1922 Rose Nowicki
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1951

OCT 2 6 1944

294-112-020-465

PLACE OF BIRTH

[redacted] No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 20 1922
BUREAU OF VITAL STATISTICS

County of Elmore

City of Mtn Home

Registration District No. 34 File No. 104662

No. ____ St.

Primary Registration District No. 2020 Registered No. 32

Hospital ____

FULL NAME OF CHILD Bedeganeta

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	August 12, 1922

FATHER	MOTHER
FULL NAME Agapito R	FULL MAIDEN NAME Neamora Monasterio
RESIDENCE Mtn Home Ida	RESIDENCE Mtn Home Ida
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Spain	BIRTHPLACE Spain
OCCUPATION Sheepman	OCCUPATION

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Evans MD
(Physician or midwife)

Address Mtn Home Ida

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed 9-1-1922

F E Evans
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-123-020-295

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104663

County of Elmore

City of Mt. Home

REC
SEP 2 ... 19..
BUR...

Registration District No. 34 File No.

No. St.

Primary Registration District No. 2020 Registered No. 33

Hospital

FULL NAME OF CHILD James Franklin Hendricks

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 23 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Otto Wm Hendricks	FULL MAIDEN NAME	Esther Kinsey
RESIDENCE	Mountain Home Ida	RESIDENCE	Mountain Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Quedlinburg Germany	BIRTHPLACE	Kenton Ohio
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.25 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. O. P. Hamilton

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Mountain Home, Ida

Filed 9-1- 1922 T. E. Evans

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/3/41 L. B.

818-210-020-465

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Elmore

CERTIFICATE OF BIRTH

City of Mt. Home Ida

Registration District No. 34

File No. 104664

No. ____ St.

Primary Registration District No. 1020

Registered No. 37

Hospital ____

FULL NAME OF CHILD Haroldine G. Hayes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 10 1922

FATHER		MOTHER	
FULL NAME	Harold Burneil Hayes	FULL MAIDEN NAME	Mary Evelyn Donovan
RESIDENCE	Mountain Home, Ida.	RESIDENCE	Mountain Home, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Mountain Home, Ida.	BIRTHPLACE	Mountain Home, Ida.
OCCUPATION	Telegraph Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

* I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2-45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) Dr. O. P. Hamilton

Physician
(Physician or midwife)

Address Mountain Home, Ida.

Filed 9-1- 1922

I. E. Evans
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1943

132-704-020-845

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 4 1922
BUREAU OF VITA

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry

Registration District No. 35

File No. 104665

No. ..... St.

Primary Registration District No. 2021

Registered No. .....

Hospital .....

FULL NAME OF CHILD Noreen Elsie Albert

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			2	yes	Sept. 4 1922

FATHER		MOTHER	
FULL NAME	Verne Charles Albert	FULL MAIDEN NAME	Jennie Hunter
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Brakeman O.S.L.R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Sept. 4, 1922 at 10 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Doris

Physician
(Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed Sept. 10 1922 J. W. Doris
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1948
APR 16 1968

843-127.020 763

PLACE OF BIRTH

RECEIVED OCT 1922 VITAL

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104666

County of Elmore

City of Glenns Ferry Registration District No. 35 File No.

No. St.

Hospital Primary Registration District No. 2021 Registered No.

FULL NAME OF CHILD Phillip Golden Hull

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	2	yes	Sept. 27 1922

FATHER	MOTHER
FULL NAME LeRoy Hull	FULL MAIDEN NAME Ida Golden
RESIDENCE Glenns Ferry Idaho	RESIDENCE Glenns Ferry
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE America	BIRTHPLACE America
OCCUPATION Locomotive fireman	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) on the date above stated. Sept. 27. 1922 at 7:50 A M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis

Physician
(Physician or midwife)

Address Glenns Ferry Idaho

Given names added from a supplemental report.

19

Registrar.

Filed Sept. 30 1922 J. W. Davis
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP

693-127-020-393

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 192

CERTIFICATE OF BIRTH

County of Elmore

City of Krig Hill

Registration District No. 35

File No. 104667

No. ..... St.

Primary Registration District No. 2021

Hospital ..... Registered No. .....

FULL NAME OF CHILD Raymond Theodore Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	2	yes	Sept 27. 1922

FATHER		MOTHER	
FULL NAME	Raymond Marion Williams	FULL MAIDEN NAME	Iva Lile
RESIDENCE	Krig Hill Idaho	RESIDENCE	Krig Hill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Trapper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. Sept. 27. 1922 at 3:40 A M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) J. W. Davis

Physician
(Physician or midwife)

Address Glenns Ferry Idaho

Filed Sept. 30 1922 J. W. Davis
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1948

JUL 6 - 1953

463-235-020-469

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

RECEIVED
OCT 4 1922
BUREAU OF VITAL STATISTICS

County of Elmore

City of Glenn's Ferry

Registration District No. 35

File No. 104668

No. ..... St.

Primary Registration District No. 2021

Registered No. .....

Hospital .....

FULL NAME OF CHILD Bertha Mona Moldenhauer MOLDENHAUER

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	Single (To be answered only in event of plural births)	4	yes	Sept. 25 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis Moldenhauer MOLDENHAUER	FULL MAIDEN NAME	Mona Morrison MORRISON
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Brakeman O.S.L.R.R.Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Sept. 25 - 1922 at 2-30 A. M. on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis

Physician
(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Glenn's Ferry Idaho

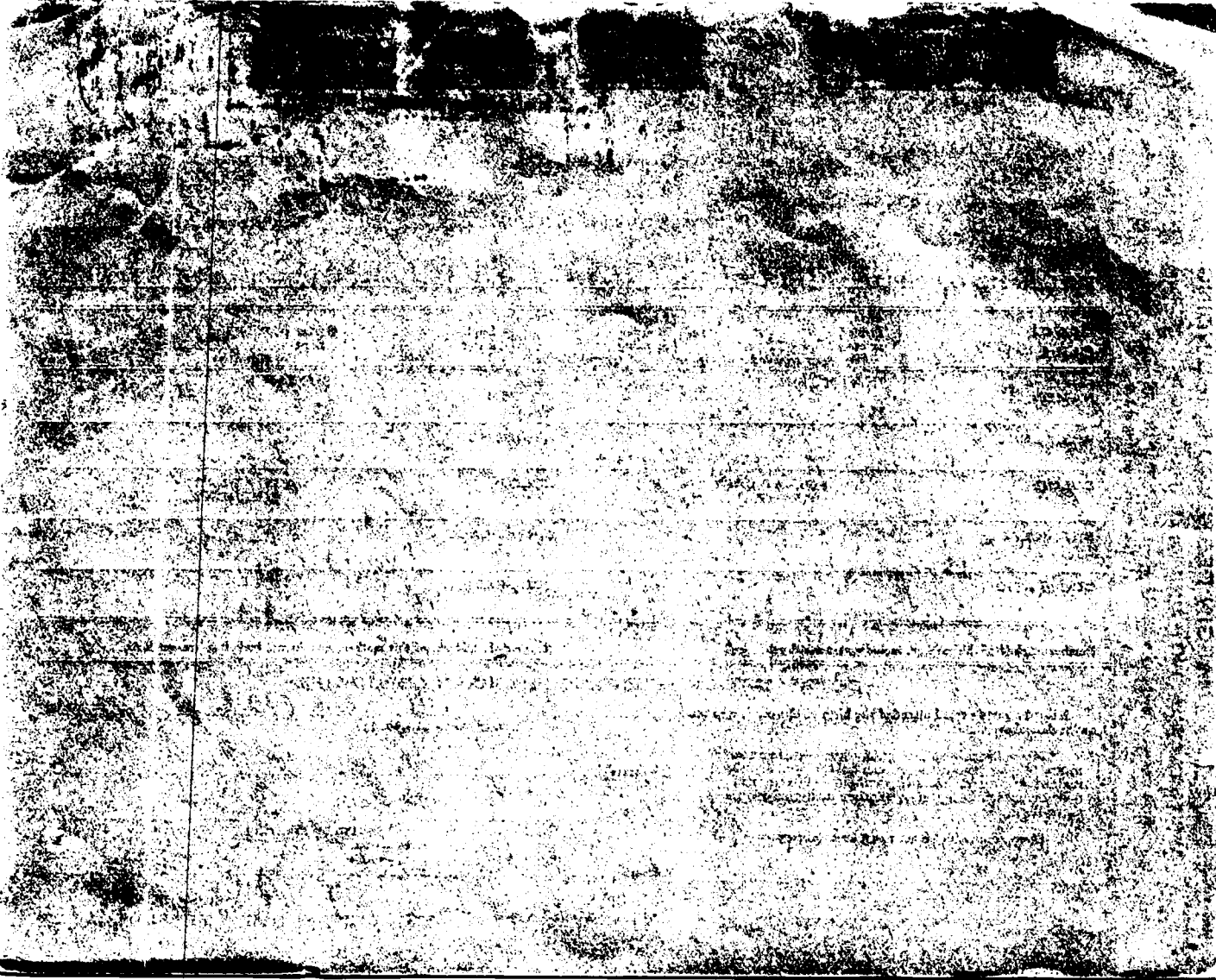
Filed Sept. 27 1922 J. W. Davis
Registrar

S-Y CO., 15669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



855-114-021-231

PLACE OF BIRTH

[redacted]

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. _____ St.

Hospital _____

SEP - 1922
BUREAU OF VITAL STATISTICS

Registration District No. 27

File No. 104669

Primary Registration District No. 2119

Registered No. 208

FULL NAME OF CHILD Wm Blair Hendricks
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 14 1922

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Wren P. Hendricks	FULL MAIDEN NAME	Emma Blair
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Lewiston Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States
Physician
(Physician or midwife)

Address Preston Idaho

Filed Sept 2 1922 Mrs Ida Tippetts
Registrar.

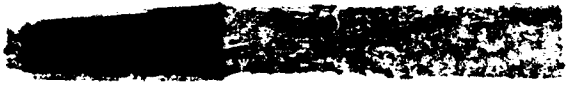
Give names added from a supplemental report.

_____, 19____

_____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



294-120-021-287

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

SEP 5 1922
BUREAU OF VITAL STATISTICS

No. ..... St.

Registration District No. 27 File No. 104670

Hospital .....

Primary Registration District No. 219 Registered No. 207

FULL NAME OF CHILD Theron Sharp Kidd
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 20 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Hugh Kidd (Hugh Kidd)	FULL MAIDEN NAME: Myra Sharp
RESIDENCE: Preston Idaho	RESIDENCE: Preston Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Logan Utah	BIRTHPLACE: Preston Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) **, at** 4.45 **P. M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) G. W. Slates
Physician
(Physician or midwife)

Address Preston Idaho

Filed Sept 2 1922 Mrs Mae Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-113-021-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Franklin

City of Preston

No. ..... St.

Hospital .....

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 104671

Primary Registration District No. 2119 Registered No. 205

FULL NAME OF CHILD Allen Hansen Packer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug. 13 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Samuel S. P. Packer	FULL MAIDEN NAME	Allie Hansen
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Preston Idaho	BIRTHPLACE	Fairview Utah
OCCUPATION	Dentest	OCCUPATION	Housewife Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Stales

Physician
(Physician or midwife)

Address Preston Idaho

Filed Sept 2 1922 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY

...IFICATE OF BIRTH ...

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH ...

The name of your baby was not filled in on the birth certi[illegible] office [illegible] ance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street:

County: Franklin

File Number: 104671

Registration Dist. No.:

Date of Birth: Aug. 13 192[illegible]

Sex of Child: Male

Father: Samuel [illegible] Cracker
Full Name

Mother: Allie Jo Hansen
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Allen Hansen Cracker
Child's Name in Full

S. P. Cracker
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

964-225-021-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 104672

Primary Registration District No. 2119 Registered No. 222

FULL NAME OF CHILD Zenda Roderick
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug. 25 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 15 Number of child of this mother now living, including present birth 13

FATHER		MOTHER	
FULL NAME	David Roderick	FULL MAIDEN NAME	Elizabeth Hankins
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Malad Idaho	BIRTHPLACE	Madad Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States
Physician
(Physician or midwife)

Address Preston Idaho

Filed Sept 5 1922 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF

IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street: .....

County: Franklin

File Number: 104672

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Aug 25 1922

Father: David Roderick (Full Name)

Mother: Elizabeth Hawkins (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Linda Roderick
Child's Name in Full

Elizabeth Roderick
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

38-104-021-559

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ____ St.

Hospital ____

Registration District No. 27 File No. 104673

Primary Registration District No. 249 Registered No. 216

FULL NAME OF CHILD XXXXXXXXXX Leland Legrand Chatterton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug. 4 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth ____

FATHER	MOTHER
FULL NAME: ~~Leland Lagrand Chatterton~~	FULL MAIDEN NAME: Indra Elizabeth Neibung
RESIDENCE: Preston, Idaho	RESIDENCE: Preston, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Salt Lake City, Utah	BIRTHPLACE: MtPleasant, Utah
OCCUPATION: Printer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:40 P M. on the date above stated.

(Signature) G. W. States

Physician (Physician or midwife)

Address Preston, Idaho

Filed Sept 5 1922 Mrs. Ida Lippels Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF [illegible]

[illegible] PUBLIC WELFARE

STATE OF IDAHO

PUBLIC WELFARE

Boise, Idaho, October 28 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street:

County: Franklin

File Number: 104673

Registration Dist. No.:

Sex of Child: Male

Date of Birth: August 14 1922

Father: Leland Legrand Chatterton (Full Name)

Mother: Indra Elizabeth Chat[illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Leland Legrand Chatterton
Child's Name in Full

Mrs Leland Chatterton
Signature of Father or Mother

OCT 6 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
'ILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NA'E OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

713-225-021-669

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 104674

Primary Registration District No. 2119 Registered No. 226

FULL NAME OF CHILD DOROTHY PALMER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	8 26 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Jedidiah Palmer	FULL MAIDEN NAME	Annie Forsgren
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farming	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.
Physician
(Physician or midwife)

Address Preston Idaho

Filed Sept 5 1922 Mrs Ida Lippets
Registrar.

Give names added from a supplemental report.

..... 119 .....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 104674

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorothy Palmer (Name on Original Certificate) who was born (Was Born or Died) on August 25, 1922 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dorothy Palmer

Subscribed and sworn to before me this 17th day of June, 1943.

Notary Public, residing at Preston Idaho

My commission expires 9-18-1945

(Seal)

Signed Jedediah M. Palmer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of June, 1943.

Notary Public, residing at Preston Idaho

My commission expires 9-18-1945

(Seal)

Signed Leona Geddes Greaves
(Signature of Any Credible Person Other Than Previous Year)

152 N 1st West Preston Ida
(Street Address, City, State)

JUN 2 1 1943

414-227-02-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Franklin

City of Preston R 7 D

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104675

No. ..... St. Registration District No. 27 File No. .....

Hospital ..... Primary Registration District No. 219 Registered No. 227

FULL NAME OF CHILD Lucile Maughan
(Certificate of no value without full name of child.)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	8-27-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Edward LeRoy Maughan	FULL MAIDEN NAME Lyntta Wilson
RESIDENCE	Preston R 7 R.	Preston R 7 D
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn) at 7 55 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A R Cutler Jr

Physician (Physician or midwife)

Address Preston Idaho

Filed Sept 5 1922 Mrs Ida Liggett Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

STATE OF IDA

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JAN 21 1923
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Mapleton
- Street: R. F. D. #1
- County: Franklin County

File Number: 104675

Registration Dist. No. .....

Date of Birth: Aug. 27 1922

Sex of Child: Female

Father: Edward Le Roy Maughan
Full Name

Mother: Loretta Ann Maughan
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Lucile Maughan
Child's Name in Full

Loretta Maughan
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

662-213-04-253

PLACE OF BIRTH

REC... SEP ... 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104676

County of Franklin

City of Mink Creek

No. ..... St.

Registration District No. 27 File No. .....

Hospital .....

Primary Registration District No. 2119 Registered No. 224

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug 13 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leon Fosgun	FULL MAIDEN NAME	Adria W. Keller
RESIDENCE	Riverdale Ida.	RESIDENCE	Riverdale Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Ida
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.

Physician
(Physician or midwife)

Address Preston Idaho

Filed Sept 5 1922 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

65-122-021-851

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin
City of Whitney
No. ____ St.
Hospital

Registration District No. 27
Primary Registration District No. 2119

File No. 104677
Registered No. 214

FULL NAME OF CHILD St. Clair Weaver
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 22 192 2

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Geo. St. Clair Weaver	FULL MAIDEN NAME	Vera Headrict
RESIDENCE	Whitney	RESIDENCE	Whitney
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Whitney	BIRTHPLACE	Alexander Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10.23 P M. on the date above stated.

(Signature) G. W. Slates
Physician
(Physician or midwife)

Address Preston Ida.

Filed Sept 5 1922 Mrs Ida Lippets
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number .....104677.....

Registration Dist. No. .....

Sex of Child.....Male.....

Date of Birth .....192....

Father ..... Mother .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Salt Lake } ss.

Certificate No. 104677

NOV 15 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for St Clair Weaver (Name on Original Certificate) who born (Was Born or Died) on August 22, 1922 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blessing Cert. (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	No name given	Saint Clair Weaver
Fathers Name	Geo. St. Clair	Geo. St. Clair Weaver

Subscribed and sworn to before me this 8th day of November, 19 43

Frances Wright
Notary Public, residing at NOTARY PUBLIC in and for the State of Utah
My commission expires Residing at Salt Lake City, Utah
(Seal) Commission expires June 12, 1944

Signed Vera Grace Headrick Weaver
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

518 Emerson Ave Salt Lake City Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt L ake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of November, 19 43

Frances Wright
Notary Public, residing at
My commission expires
(Seal)

Signed George St Clair Weaver
(Signature of Any Credible Person Other Than Previous Year)

518 Emerson Ave Salt Lake City Utah
(Street Address, City, State)

COMMISSION EXPIRES JUNE 12, 1944

JAN 29 1963

NOV 17 1949

134-111-021-652

PLACE OF BIRTH

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

Registration District No. 27 File No. 104678

Primary Registration District No. 2119 Registered No. 219

FULL NAME OF CHILD MACK WEBB ALDER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Aug. 11 1922

What bactericidal solution was used in eyes? 1 of Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George Edwin Alder	FULL MAIDEN NAME	Florence Viola Webb
RESIDENCE	Whitney, Idaho	RESIDENCE	Whitney, Idaho
COLOR	W AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:40 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland
Physician
(Physician or midwife)

Address Preston, Idaho

Filed Sept 5 1922 Mrs Ida Lippsets
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

SEP 10 194[illegible]

Certificate No. 104678

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mack Webb Alder

Subscribed and sworn to before me this 5th day of Sept., 1942

Notary Public, residing at Preston Ida

My commission expires May 1-1945

(Seal)

Signed Viola Webb Alder

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Preston Ida. R.7 D#1

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of Sept., 1942

Notary Public, residing at Preston Ida

My commission expires May 1-1945

(Seal)

Signed Ellen Lewis

(Signature of Any Credible Person Other Than Previous Year)

Preston Ida

(Street Address, City, State)

SEP 14 1942

555-206-021-795

PLACE OF BIRTH

SEP 9 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Riverdale

No. ..... St.

Hospital .....

Registration District No. 27 File No. 104679

Primary Registration District No. 2119 Registered No. 210

FULL NAME OF CHILD NEEDRA NEELEY
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug. 6 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Milton M. Neeley	FULL MAIDEN NAME	Eva B. Green
RESIDENCE	Riverdale	RESIDENCE	Riverdale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Riverdale	BIRTHPLACE	Turner Idaho
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9.20 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Slates

Physicans
(Physician or midwife)

Address Preston Idaho

Filed Sept 2 1922 Mrs Ida Tippett
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1952

266-217-021-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 6 1922 BUREAU OF VITAL STATISTICS

County of Franklin

City of Manleton

No. ..... St.

Registration District No. 27 File No. 104680

Hospital ..... Primary Registration District No. 2119 Registered No. 204

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug. 17 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Albert Bowman	FULL MAIDEN NAME: Prescilla Marshall
RESIDENCE: Manleton	RESIDENCE: Manleton
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Richmond Utah	BIRTHPLACE: Franklin
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) G. W. Yates

Physician
(Physician or midwife)

Address Preston Idaho

Filed Sept 7 1922 Miss Ida Tippets Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-224(02)-666

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 19 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mapleton

No. ..... St.

Hospital Amended 7/6/78

Registration District No. 27 File No. 104681

Primary Registration District No. 2119 Registered No. 215

FULL NAME OF CHILD Ellen Woodhead Sharp
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug. 24 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Joseph Sharp	FULL MAIDEN NAME	Annie Woodhead
RESIDENCE	Mapleton	RESIDENCE	Mapleton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	58	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Tooele Utah	BIRTHPLACE	Yorkshire England
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Sales
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Preston Ida

Filed Sept 5 1922 Mrs Ida Lippett
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

C?#)6730/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUL 6 12 44 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 104681

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Lilah Sharp (Name on Original Certificate) who Was born (Was Born or Died) on August 24, 1922 (Date of Event)

in Mapleton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lilah Sharp	Ellen Woodhead Sharp

Subscribed and sworn to before me this 6th day of July, 1978

Margaret D. Davis

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Joy Flack

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

325 W Washington Ave. Meridian Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Certificate of Blessing issued by LDS Church on 11/5/22 gives name of child as Ellen Woodhead Sharp born to Joseph Sharp and Annie Woodhead on 8/24/22. viewed by V.S.

JUL 6 1978

Certificate of Baptism and Confirmation issued by LDS Church on 5 Oct. 1930 lists name of child as Ellen W. Sharp born to Joseph Sharp and Annie Woodhead. viewed by V.S.

JUL 6 1978

546-216-

PLACE [redacted]

021-219

Form V. S. No. 11-C—25m-9-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Riverdale

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 104682

Registered No. 213

FULL NAME OF CHILD Allene Edwards

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth
Female			Yes	Aug. 16 (Month) (Day) 1922 (Year)

FATHER

FULL NAME: Vernon B. Edwards

RESIDENCE: Riverdale Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Mink Creek

OCCUPATION: Blacksmith Mechanic

MOTHER

FULL MAIDEN NAME: Hattie Barrington

RESIDENCE: Riverdale Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Riverdale Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12.40p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

[redacted] from a supplemental report.

..... 19.....

..... Registrar

(Signature) Geo. W. Coates

Physican (Physician or midwife)

Address Preston Idaho

Filed Sept 5 1922 Mrs Ida Tippets Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-204-021-313

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104683

County of Franklin

City of Dayton

No. ..... St.

Hospital .....

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 209

FULL NAME OF CHILD Vonda Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug. 4 192 2

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Leslie Jensen	FULL MAIDEN NAME: May Callen
RESIDENCE: Dayton	RESIDENCE: Dayton
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Dayton Idaho	BIRTHPLACE: Dayton Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A.M. M. on the date above stated.

(Signature) G. W. Stales

Physician
(Physician or midwife)

Address Preston Idaho

Filed Sept 7 1922 Mrs. Ida Tippets Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515-126-021-855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECO...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0—25m-6-22

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 104684

Primary Registration District No. 2119 Registered No. 194

FULL NAME OF CHILD Vee H. Van Leuven

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug. 26 1922

FATHER

FULL NAME Marvin George Vanleuven

RESIDENCE Clifton

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Lewiston Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Millie A. Henderson

*RESIDENCE Clifton

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Afton Wyoming

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.50 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Esther E. L. Davis

Midwife (Physician or midwife)

Address Clifton Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 2 1922 Mrs Ida Tippetts Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Clifton

Street: .....

County: Franklin

File Number: 104684

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: August 26 1928

Father: Warren Geo. Vandeveer (Full Name)

Mother: Nellie A. Henderson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lee H. Van Leuven
Child's Name in Full

Warren Geo. Van Leuven
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

419-206-021-314

PLACE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 104685

Primary Registration District No. 2119 Registered No. 225

FULL NAME OF CHILD Lloyd Martin

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	(Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Aug 6 1922

What bactericidal solution was used in eyes? argyrol 25%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Walter Martin	FULL MAIDEN NAME	Clara Campbell
RESIDENCE	Clifton Ida	RESIDENCE	Clifton Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Section Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A R Cutler Jr

Physician

(Physician or midwife)

Address Preston Idaho

Filed Sept 5 1922 Mrs Ida Lippert

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Clifton

Street .....

County Franklin

File Number 104685

Registration Dist. No. .....

Date of Birth August 6th 1922

Sex of Child Female

Father Walter Martin Martin
Full Name

Mother Chloe L. Campbell
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Sybil Martin
Child's Name in Full

Walter Martin
Signature of Father or Mother

CEIVED
7 1923
AU OF VITAL
TATISTICS

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

866-112-021-855

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104686

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 212

FULL NAME OF CHILD ~~XXXXXXXXXXXXXX~~ GENE HOWELL
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug. 12 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Earl B. Howell	FULL MAIDEN NAME	Lillian Henderson
RESIDENCE	Clifton	RESIDENCE	Clifton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Clifton Idaho	BIRTHPLACE	Clifton
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States
Physician
(Physician or midwife)

Address Preston Idaho

Filed Sept 5 1922 Mrs Ida Lippels
Registrar.

Give names added from a supplemental report.

..... 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Franklin

City of Ottawa

MAR 5 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 104686

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Clair Howell (Name on Original Certificate) who Born (Was Born or Died) on Aug. 12 1922 (Date of Event) in Clifton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Clifton Ward Record (Bible Record, Insurance Policy, Etc.) prepared on October 1, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Clair Howell	Gene Howell

Subscribed and sworn to before me this 26hh. day of February, 1942

Notary Public, residing at Clifton, Idaho

My commission expires March 15th1945
(Seal)

Signed Lillian Howell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Clifton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th. day of February, 19 42.

Notary Public, residing at Clifton, Idaho

My commission expires March 15th. 1945
(Seal)

Signed L. B. Howell
(Signature of Any Credible Person Other Than Previous Year)

Clifton, Idaho.
(Street Address, City, State)

MAR 7

NOV 15 1971

759-125-021-843

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104687

County of Franklin

City of Dayton

No. ..... St.

Registration District No. 27 File No. .....

Hospital ..... Primary Registration District No. 219 Registered No. 214

FULL NAME OF CHILD Neal H. Perkins
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Aug 25 1922

What bacteriedal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Farley Callant Perkins	FULL MAIDEN NAME	Kate Hulet
RESIDENCE	Dayton Idaho	RESIDENCE	Dayton, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6.40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician
(Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 2 1922 Mrs. Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVE

FILED FOR EA

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Dayton (Idaho)

Street: .....

County: Franklin

File Number: 104687

Registration Dist. No.: 27

Sex of Child: Male

Date of Birth: August 25 1927

Father: Parley Perkins (Full Name)

Mother: Kate Hulet (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Neal H. Perkins
Child's Name in Full

Parley Perkins
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

238-214-021-789 CHILD'S FIRST NAME AMENDED 6-2-2011 TG

PLACE OF BIRTH

RECEIVED SEP 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104688

County of Franklin

City of Preston R F D

No. ..... St.

Registration District No. 27 File No. .....

Hospital ..... Primary Registration District No. 2119 Registered No. 220

FULL NAME OF CHILD LAREE Schwanenveldt

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Aug 14 1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 11

FATHER	MOTHER
FULL NAME Eustus Schwanenveldt	FULL MAIDEN NAME Hannah May Phillips
RESIDENCE Franklin County, Idaho	RESIDENCE Franklin County, Idaho
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farming	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Hand

Preston Idaho

(Physician or midwife)

Address Physician

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 5 1922 Mrs. Ida Lippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah } SS
County of Davis }

Certificate No. 1922-104688
Date Filed 09/09/1922

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)
for Lare Schvaneveldt (Name on Original Certificate) who was born (Was Born, Died, etc.) on 08/14/1922 (Date of Event)
in Weston (Franklin Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's first name	Lare	Laree LaRee
~~child's city, town, or location of birth~~	Weston	~~Dayton~~

Subscribed and sworn to before me this 31 day of May, 2011
Notary Public, Connie R Christiansen
Residing at Davis County
My commission expires 9-17-2012
(Seal)

+ LaRee Baurle
Signature of Applicant
1150 S. Main St. Apt 343, Bountiful, Utah 840
Street Address, City, State and Zip

CONNIE R. CHRISTIANSEN
Notary Public State of Utah
Comm. Exp.: Sept. 17, 2012
Comm. Number 575628

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } SS
County of }

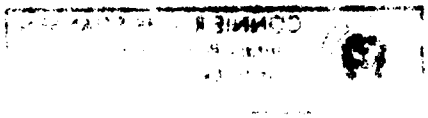
(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of ,
Notary Public,
Residing at
My commission expires
(Seal)

Signature of Applicant
1150 So. Main St. Apt 343, Bountifu
Street Address, City, State and Zip Utah 840

May 23, 2011 UTAH BIRTH CERTIFICATE #1570 KENNETH H. BAUERLE BORN 03-28-1945 TO LAREE SCHVANEVELDT VIEWED BY VS
GREAT WESTERN INSURANCE COMPANY POLICY DATA LAREE BAURERLE ISSUED 01-18-1991 VIEWED BY VS



314-219-021-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 3 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin
City of Preston
No. ____ St.
Hospital ____

Registration District No. 27
Primary Registration District No. 2119

File No. 104689
Registered No. 201

FULL NAME OF CHILD Marva Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		14	yes	Aug 19 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 14 Number of child of this mother now living, including present birth 14

FATHER		MOTHER	
FULL NAME	A Campbell	FULL MAIDEN NAME	Ida Hawkins
RESIDENCE	Preston Idaho	RESIDENCE	Preston Ida
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	60 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	California	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holden
Physician
(Physician or midwife)

Address Preston Ida

Filed Sept 2 1922 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 25 1974

613-19(02)-231

PLACE OF BIRTH

RECEIVED SEP 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104690

County of Franklin
City of Preston
No. ..... St.
Registration District No. 27
File No.

Hospital
Primary Registration District No. 2119
Registered No. 202

FULL NAME OF CHILD Wm Cyril Watson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	yes	Aug. 14 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	C. Watson	FULL MAIDEN NAME	L. M. Slater
RESIDENCE	Ogden Utah	RESIDENCE	Ogden Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	15 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B. Holder
Physician
(Physician or midwife)

Address Preston Idaho

Filed Sept 2 1922 Mrs Ida Liljegren
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Edward Earl Watson

Lynetta M[illegible] Slater

JUL 28 1942

JUN 30 1943

AUG 19 1942

745-128-021-912

PLACE OF BIRTH

RECEIVED SEP 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Registration District No. 27

File No. 104691

Hospital .....

Primary Registration District No. 249

Registered No. 100

FULL NAME OF CHILD Mark Alonzo Gunter

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		4	yes	Aug 28 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	A C Gunter	FULL MAIDEN NAME	M. E. Rasmussen
RESIDENCE	Cornish Utah	RESIDENCE	Cornish Utah
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	North Carlina	BIRTHPLACE	Preston Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 935 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder

Physician

(Physician or midwife)

Address Preston Idaho

Filed Sept 2 1922 Mrs Ida Lippett

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

TRAC
TELEPHONE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Weston

Street:

County: Franklin

File Number: 104691

Registration Dist. No.:

Date of Birth: Aug 28 1922

Sex of Child: Male

Father: Andrew Curtis Painter (Full Name)

Mother: Mary Elizabeth Ram (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Heard Alonzo Painter
(Child's Name in Full)

Mary E. Painter
(Signature of Father or Mother)

- - - - - - - - - - -

'th registration is part of every child's birthright.
establishes legally the date of the child's birth, parentage
macy.
enables the Public Health Nurse to make sure the child has
cted from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

The correct age for purposes of school attendance.
Employment.
Protection under the law.
Military and jury duty.
Right to travel unmolested in foreign lands.
Right to vote.
Right to receive pensions and inherit property.
Furnishes acceptable evidence of genealogy.
Right to get married.
Just at this time while many of the Ex-Service men are com-
furnish certified copies of certificates of birth, it is im-
at the certificates be filed with the BUREAU OF VITAL STATIS-
he same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

294-118-021-266

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ____ St.

Registration District No. 27 File No. 104692

Hospital ____ Primary Registration District No. 2119 Registered No. 199

FULL NAME OF CHILD Neil B Simpson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	yes	July 18 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	C O Simpson	FULL MAIDEN NAME	Thelma Boothe
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Preston Idaho	BIRTHPLACE	Brigham City Utah
OCCUPATION	School Teaching	OCCUPATION	Home keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 45 P M. on the date above stated.

(Signature) Thos B Holden
Physician
(Physician or midwife)

Address Preston Idaho

Filed Sept 2 1922 Mrs Ida Liggett
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-27-026-559

PLACE OF BIRTH

County of Franklin

City of Preston

No. ____ St.

Hospital ____

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 104693

Primary Registration District No. 2119 Registered No. 198

FULL NAME OF CHILD Selma Lucile Koller

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	4	yes	July 17 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	A S Koller	FULL MAIDEN NAME	S A Neilson
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Provine Utah	BIRTHPLACE	Mebville Utah
OCCUPATION	Farmer	OCCUPATION	Home Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 40 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder

Physician

(Physician or midwife)

Address Preston Idaho

Filed Sept 2 1922 Mrs Ida Tippets

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

SEVERAL REASONS [illegible] A CERTIFICATE OF BIRTH
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Weston
- Street:
- County: [illegible]

File Number: 104693

Registration Dist. No.:

Date of Birth: July 17 1922

Sex of Child: Female

Father: Anton L. Koller
Full Name

Mother: Selma Nielson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Selma Lucile Koller
Child's Name in Full

A. L. Koller
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

24[redacted]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Franklin
City of Weston
No. ..... St.
Hospital .....

BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 104694
Primary Registration District No. 219 Registered No. 197

FULL NAME OF CHILD Robert M. Berbank
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	6	yes	July 10 1922

What bactericidal solution was used in eyes? nitrate silver

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME	C C Berbank	Viola Maughn
RESIDENCE	Weston Idaho	Weston Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Leveyville Utah	Weston Idaho
OCCUPATION	Farmer	House Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder
Physician
(Physician or midwife)
Address Weston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 2 1922 Mrs Ida Lippsett
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED OCT 23 1922 VITAL STATISTICS

Boise, Idaho, Oct 19 1922.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Weston

Street:

County: Franklin

File Number: 104694

Registration Dist. No.: 10

Sex of Child: Male

Date of Birth: July 9 1922.

Father: L. Lafford L. Burbank (Full Name)

Mother: Viola M. Maughan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert W. Burbank
Child's Name in Full

Mrs. Viola Burbank
Signature of Father or Mother

NOV 10 1947

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

665-118-021-279

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104695

RECEIVED SEP 3 1922 BUREAU OF VITAL STATISTICS

County of Franklin

City of Preston

No. ..... St. ..... Registration District No. 27 File No. .....

Hospital ..... Primary Registration District No. 2119 Registered No. 196

FULL NAME OF CHILD James Bryan Hammerbeck
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		6	yes	July 18 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	James Hammerbeck	FULL MAIDEN NAME	Rose Spindler
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	House Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder
Physician
(Physician or midwife)

Address Preston Idaho

Filed Sept 2 1922 Mrs Ida Tippets
Registrar.

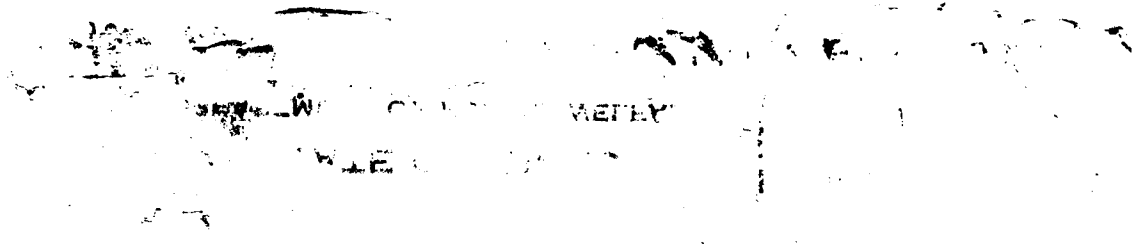
Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



RECEIVED STATE OF IDAHO
OCT 5 [illegible]
BUREAU OF VITAL STATISTICS

Boise, Idaho, [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City: Weston
Street:
County: Franklin

File Number: 104695

Registration Dist. No.:

Date of Birth: July 18 1922

Sex of Child: Male

Father: James Martinus Fonnesbeck
Full Name

Mother: Rosa Ibinden
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

James Myron Fonnesbeck
Child's Name in Full

J. M. Fonnesbeck
Signature of Father or Mother

K

JAN 18 1945

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

962-10-76-02-1-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Sep 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklip

City of Weston

No. ..... St.

Hospital

Registration District No. 27 File No. 104696

Primary Registration District No. 2119 Registered No. 211

FULL NAME OF CHILD Stephen Larsen Rose
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 6 192 2

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Thomas E. Rose	FULL MAIDEN NAME: Irene Larsen
RESIDENCE: Weston	RESIDENCE: Weston
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Weston Idaho	BIRTHPLACE: Cove Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Steeles

Physician
(Physician or midwife)

Address Preston Ida

Filed Sept 5 1922 Mrs Ida Lyssels
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

UNCLASSIFIED

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
OCT 23 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, Oct. 18 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Weston

Street:

County: Franklin

File Number: 104696

Registration Dist. No.:

Date of Birth: Aug. 6 1922

Sex of Child: Male

Father: Thomas C. Rose (Full Name)

Mother: Irene Larsen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Stephen Larsen Rose
Child's Name in Full

Irene Rose
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

318-412 1021-793

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 1922
BUREAU OF VITAL STATISTICS

File No. 104697

County of Franklin
City of Preston
No. ——— St.
Registration District No. 27
Hospital X
Primary Registration District No. 2119
Registered No. 195

FULL NAME OF CHILD Cora Lavern Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Aug 12 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Milburn L Taylor	FULL MAIDEN NAME	Laura Lavern Gilbert
RESIDENCE	Gridley Calif	RESIDENCE	Gridley Calif
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Lewisville Ida	BIRTHPLACE	Whitney Idaho
OCCUPATION	Machinest	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 6-15 a M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead
Mid wife
(Physician or midwife)

Address Preston, Idaho.

Filed Sept 2 1922 Mrs Ida Ingersoll
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child born at a birth, a SEPARATE RETURN must be made for each and the number of birth stated.

[redacted]

No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 104698

No. 849-212-021-493

Primary Registration District No. 2119 Registered No. 193

FULL NAME OF CHILD Bonnie Maxine Quigley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Mar 12 1922

FATHER

FULL NAME: Edward A Quigley
RESIDENCE: Swan Lake, Idaho
COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Swan Lake, Ida.
OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Lavena Rodessa Millard
RESIDENCE: Swan Lake Ida
COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Preston, Idaho
OCCUPATION: Housewife

Number of child of this mother, including present birth: Three
Number of children of this mother now living, including present birth: three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. Mar 12 1922 at 3 a M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead
Midwife
(Physician or midwife)
Address Preston, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

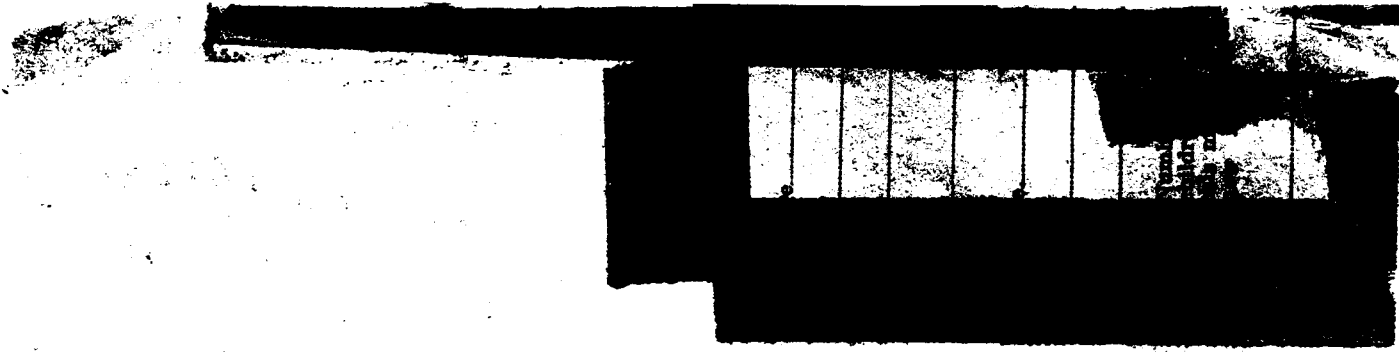
Filed Aug 3 1922

Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RE

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the name of each, in order of birth stated.



JUL 13 1972

6-4-223 021-217

PLACE OF BIRTH
Amended 8/7/79

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin
City of Preston
No. 2nd Ward St.
Hospital

Registration District No. 27 File No. 104699
Primary Registration District No. 2119 Registered No. 217

FULL NAME OF CHILD Jean Waddoups
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	July 23 1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Fenton W Waddoups	FULL MAIDEN NAME	Annie Jane Page
RESIDENCE	Juniper, Idaho	RESIDENCE	Juniper Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1.45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland
Physician
(Physician or midwife)

Address Preston, Idaho

Filed Sept 5 1922 Mrs Ida Lippert
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number .....104699.....

Registration Dist. No. .....

Sex of Child .....Female.....

Date of Birth .....192....

Father ..... Mother .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JUL 13 1979
Bureau of Vital Statistics

State of Utah
County of Cache } ss.

Certificate No. 104699
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Waddoups (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 23, 1922 (Date of Event)

in Preston, Idaho (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Jean Waddoups

Subscribed and sworn to before me this 9th day of July, 19 79.

Notary Public, [signature]
Residing at Cornish, Utah
My commission expires March 24, 1981
(Seal)

My Commission Expires March 24, 1981

Jean Waddoups Nelson
Signature of Applicant

Box 185 Cornish, Utah 84307
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Box Elder } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of July, 19 79.

Notary Public, [signature]
Residing at Cornish, Utah
My commission expires March 24, 1981
(Seal)

My Commission Expires March 24, 1981

Pauline W Luckay
Supporting Signature

Box 64 Cornish Utah
Street Address, City, State

Certif of Baptism from the LDS Church gives name as Jean Waddoups daughter of Fenton W. Waddoups and mother's name as Annie Pope. born July 23, 1922 at Preston,Idaho. Baptized Nov 25, 1930. viewed by V. S.

Marriage certif from Utah gives names as Grant Halling Nelson and Jean Waddopps. dated Setp 1, 1943. viewed by V. S.

AUG 7 1979

815-09-021-546

PLACE OF BIRTH

County of Franklin

City of Preston

No. 2nd West St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 5 1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 104700

Primary Registration District No. 2119 Registered No. 218

FULL NAME OF CHILD Donald Leroy Hansen

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) Aug. (Day) 9 (Year) 1922
M		yes	

What bacteriecidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John LeRoy Hansen	FULL MAIDEN NAME	Clara Catherine Nuffer
RESIDENCE	Preston, Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

(Signature) Curtis Hansen
Physician
(Physician or midwife)

Address Preston Idaho

Filed Sept 5 1922 Mrs Ida Lippels
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICA
ED FOR EACH CHILD AND THE SAME CO

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Preston
- Street: 2nd South Main
- County: [illegible]

File Number: 104700

Registration Dist. No.:

Date of Birth: Aug 9 1922

Sex of Child: Male

Father: John Leroy [illegible]
Full Name

Mother: Clara K. [illegible]
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Donald [illegible]
Child's Name in Full

John [illegible]
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759-105-001-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 5 1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 1st Ward St.

Registration District No. 27 File No. 104701

Hospital Primary Registration District No. 2119 Registered No. 221

FULL NAME OF CHILD Boy Wilcox Perkins
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Aug 15 1922

What bacteriolidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jane Christopher Perkins	Ella Althea Wilcox
RESIDENCE	Preston, Idaho	Preston Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Utah	Idaho
OCCUPATION	Laborer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Hand

Physician
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 5 1922 Mrs Ida Lippsets
Registrar.

JAN 4 1948

SEV[illegible] CERTIFICATE OF [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street: .....

County: ~~Ft~~ Franklin

File Number: 104701

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Aug 15 1922

Father: James Christopher Perkins (Full Name)

Mother: Ella Althea Wilcox (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Bion Wilcox Perkins

Child's Name in Full

Althea Perkins

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-131-021-915

PLACE OF BIRTH

County of Franklin

City of Preston

No. 6th Ward St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 104702

Primary Registration District No. 2119 Registered No. 203

FULL NAME OF CHILD Lorrie Burton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Aug 31 1922

What bactericidal solution was used in eyes? 1% Ag NO_3

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Caleb Johnson Burton	FULL MAIDEN NAME	Agnes Amelia Ransom
RESIDENCE	Treasureton Idaho	RESIDENCE	Treasureton Idaho
COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	[illegible] AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:20 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician
(Physician or midwife)

Address Preston Idaho

Filed Sept 2 1922 Mrs Ida Tippets
Registrar.

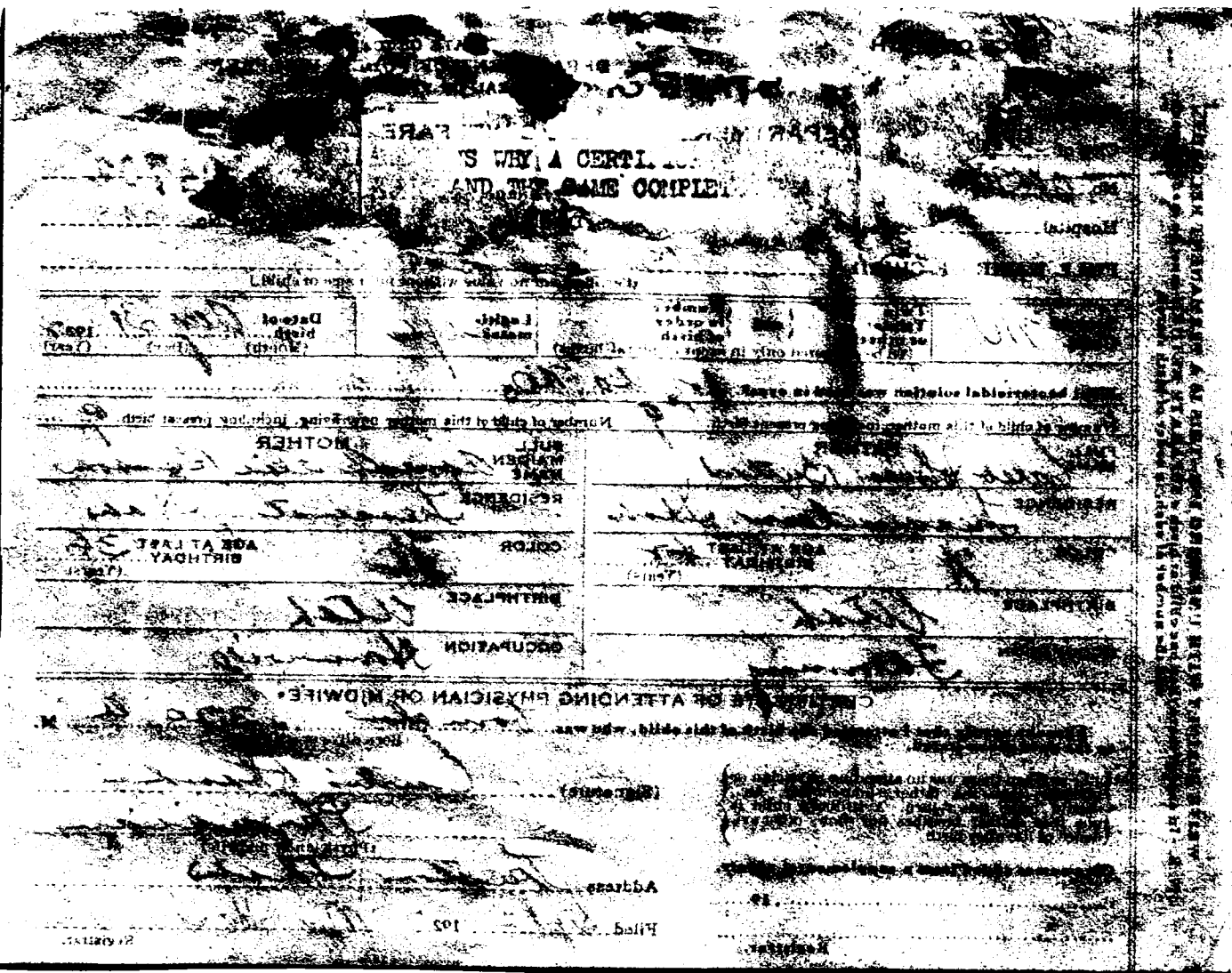
Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

File Number: 104702

Street:

Registration Dist. No.:

County: Franklin

Sex of Child: Male

Date of Birth: Aug. 31 1922.

Father: Caleb Johnson Burton (Full Name)

Mother: Agnes Amelia Ransom (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lorin Burton

Child's Name in Full

Mrs. Agnes A. Burton

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

454-126-021-689

PLACE OF BIRTH

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ____ St.

Hospital ____

Registration District No. 27 File No. 104703

Primary Registration District No. 2119 Registered No. 223

FULL NAME OF CHILD Wayne Wettstein Merrill
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Aug 26 1922

What bacteriocidal solution was used in eyes? Crede 2%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Theo Merrill	FULL MAIDEN NAME	Anna Wettstein
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Switzerland
OCCUPATION	Jeweler	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. R. Cutler

Physician
(Physician or midwife)

Address Preston Idaho

Filed Sept 5 1922 Mrs Ida Liggett
Registrar.

Give names added from supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 25 1968
Bureau of Vital Statistics

State of IDAHO
County of FRANKLIN } ss.

Certificate No. 104703

Date Filed 3-21-68

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Merrill (male child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 26, 1922 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by FAMILY RECORDS (Bible Record, Insurance Policy, Etc.) prepared on 9-15-1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Wayne Wettstein Merrill

Subscribed and sworn to before me this 21 day of March, 1968

Dane L. Greene
Notary Public, residing at Preston Idaho
My commission expires 3-4-70
(Seal)

Signed Armand Merrill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
77 N 1st E. Preston Idaho 83263
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of March, 1968

Dane L. Greene
Notary Public, residing at Preston Idaho
My commission expires 3-4-70
(Seal)

Signed H. C. Merrill
(Signature of Any Credible Person)
193 E. 1st N.
(Street Address, City, State)
Preston Idaho 83263

FORM DH 60-155

CL 3-20-68. one copy pd. 3-19-68 / 1 copy pd. Rec. #30569 - 3-25-68

Family Record, gives name as Wayne Wettstein Merrill, Page 27, Born Preston, Idaho, Aug. 26, 1922, Blessed Nov. 5, 1922, married June 2, 1951 - viewed by V.S.

APR 3 1968

Family Record, Index to Individual History Pages, gives Father as Theodore Cardon Merrill and Anna Wettstein as Mother, also lists children, gives one child's name as Wayne Wettstein Merrill, = viewed by V.S.

U.S. Army Honorable Discharge, date of separation as Feb. 11, 1946, for Wayne W. Merrill, born Aug. 26, 1922, Preston, Idaho = viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

235-120 021-866

County of Franklin

City of Clifton

No. ..... St. .....

Hospital .....

RECEIVED
OCT 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 104704

Primary Registration District No. 2119 Registered No. 242

FULL NAME OF CHILD ~~Wilford Wayne~~ WAYNE WILFORD STEVENSON
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	9 - 20 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Kenneth Stevenson	FULL MAIDEN NAME	Letha Howell
RESIDENCE	Clifton Idaho	RESIDENCE	Clifton Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 29 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Butler

Physician (Physician or midwife)

Address Preston Idaho

Filed Oct. 2 1922 Mrs Ida Lippets Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

AUG 25

DEC

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of BEAR LAKE }

Certificate No. 104704

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH) for WILFORD WAYNE STEVENSON (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN OR DIED) on SEPTEMBER 20, 1922 (DATE OF EVENT) in CLIFTON IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Wilford Wayne	Wayne Wilford Stevenson

Subscribed and sworn to before me this 4 day of Dec., 1942

Signed Letha Stevenson Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Montpelier Idaho

My commission expires .....
(SEAL)

LEVI ALAND
NOTARY PUBLIC
MONTPELIER, IDAHO
MY COMMISSION EXPIRES
JANUARY 15, 1944

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUL 20 1966

DEC 3 1943

DEC 9 1942

AUG 25 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 689-109-021-386

RECEIVED OCT 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Fairview

No. ..... St.

Registration District No. 27 File No. 104705

Hospital ..... Primary Registration District No. 2119 Registered No. 237

FULL NAME OF CHILD BOYD THOMPSON WHITTLE
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Sept. 9 1922

What bactericidal solution was used in eyes? 1% Ag NO_3

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	William Monroe Whittle	FULL MAIDEN NAME	Bertha Stella Thompson
RESIDENCE	Fairview, Idaho	RESIDENCE	Fairview, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Blanch
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Preston, Idaho

Filed Oct. 4 1922 Mrs Ida Tippets
Registrar.

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City ..... Registration District No. ..... File No. 104[illegible]

No. ..... Primary Registration District No. .....

Hospital ..... Not Through Midwife

FULL NAME OF CHILD

(Certificate of no value without full name of child)

Sex of Child	[illegible]	[illegible]	Legitimate	Date of birth (Month)	(Day)	(Year)
	[illegible]	[illegible]	[illegible]			

What hospital or institution [illegible]

Number of child of this mother [illegible] Number of other living children [illegible]

	FATHER	MOTHER
FULL NAME		
RESIDENCE		
COLOR		
AGE AT LAST BIRTHDAY	(Years)	(Years)
BIRTHPLACE		
OCCUPATION		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I certify that I delivered this child, who was born [illegible]

(Signature) .....

(Address) .....

Given names added from a supplemental source

Address .....

Filed 192

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Franklin } ss.

Certificate No. 104705

Date Filed July 17, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on Sept. 9 1922 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Boyd Thompson Whittle

Subscribed and sworn to before me this 21st day of July, 1942.

Notary Public, residing at Preston Ida

My commission expires May 1-1945
(Seal)

Signed Mrs Bertha T Whittle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (Mother)

Franklin, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of July, 1942.

Notary Public, residing at Preston Ida

My commission expires May 1-1945
(Seal)

Signed Lorine Anderson
(Signature of Any Credible Person Other Than Previous Year)

Preston Ida.
(Street Address, City, State)

JUL 22 1942

APR 12 1960

JUL 23 1942

693-117-021-243

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Registration District No. 27 File No. 104706

Hospital ..... Primary Registration District No. 2119 Registered No. 249

FULL NAME OF CHILD Joseph Buckley Wickham
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	One (To be answered only in event of plural births)	Yes	Sep. 17th 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth One Number of child of this mother now living, including present birth One

FATHER		MOTHER	
FULL NAME	Walter Wickham	FULL MAIDEN NAME	Hortense Buckley
RESIDENCE	Franklin Idaho	RESIDENCE	Franklin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Franklin Idaho
OCCUPATION	Farming	OCCUPATION	wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Sep 17th 1922 at 11.40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Adamson
M.D.
(Physician or midwife)

Address Richmond Utah

Filed Oct 4 1922 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BIRTHPLACE

OCCUPATION

STATE OF IDAHO

DEPARTMENT [illegible] LIC WELFARE

RECEIVED
FEB 19 1923
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192..

Dear Ma[illegible]:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed, self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Franklin
Street: .....
County: Franklin

File Number: 104706

Registration Dist. No. .....

Date of Birth: September 17th 1922

Sex of Child: Male

Father: Walter Marion Wickham (Full Name)

Mother: Florence Buckley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Joseph Buckley Wickham
Child's Name in Full

Mrs Walter [illegible] am
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. SEE INSTRUCTIONS ON OTHER SIDE.

CERTIFICATE OF BIRTH

RECEIVED OCT 6 1922

STATE OF Idaho

Precinct of

Town or Village of Franklin

City of 863-108-021-315

Street and No.

If in Hospital or other institution, give its name instead of Street and number.

FULL NAME OF CHILD Richard Holling Lowe { If child is not yet named, make supplemental report as directed

Sex of Child	Twin, triplet, or other?	Number in order of birth	Legitimate?	Date of Birth
Male	(To be answered only in event of plural births)		Yes	May 8 1922 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME	Heber Doney Lowe	Elsie LaVaughn Holling
RESIDENCE	Franklin Ida	Franklin Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Franklin Ida	Salt Lake City
OCCUPATION	Farmer	Home Maker

Number of children born to this mother, including present birth 2

Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occured on May 8th 1922 at 8 A M

Premature No or Still Birth? No (Yes or No)

(Signature) H. R. McGee

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Date 19

(Physician or Midwife)

Given name added from supplemental report

19

Registrar

Address of Physician or Midwife Logan

Filed Sept 16

F W Armand Mg

Registrar

Registered No. 228

Registered 27 Ste

Summary

Information for Physicians, Midwives and Others Required to Report Births

MAR 31 1942

n 5050, Compiled Laws of Utah, 1917. That all births that occur in the State shall be immediately registered in t which they occur, as hereinafter provided.

REPORTS

5051, Compiled Laws of Utah, 1917. That it shall be the duty of the Attending Physician or Midwife to file a certi rth, giving all the particulars required by this Act, with the local registrar of the district in which the birth occurre days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the Fath d, Householder or Owner of the premises, Manager or Superintendent of Institution in which the birth occured, to f icate of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.

ull Name of the child is necessary for identification. If the child is not named when the report is made, get a bla registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.

n 5055, Compiled Laws of Utah, 1917, provides that: * * * "All Physicians, Midwives, Informants * * with any case, and all other persons having knowledge of the facts, are hereby required to furnish such informati y possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or through t trar." * * * The State Registrar will not accept as complete a certificate with this data omitted without sati planation for failure to report same.

no physician or midwife attended a birth, the persons required to make the report in the order specified in Sec. 505 out the words "I hereby certify that I attended the Birth of above child," and write in lieu thereof the word "N or Midwife," filling out the remainder of the certificate as the law requires and sign as father, householder, etc., a ay be, with his address.

INSTRUCTIONS TO LOCAL REGISTRARS.

arefully the law relating to the registration of births and do not allow your supply of blanks to become exhauste esting more.

lly examine each certificate as soon as it is filed and if the facts required by law are not all supplied, return sam e report. Enter the date of filing in your office immediately; give the certificate its proper registered number an y of the original certificate for your local record. If the name of the child is not reported give the person who mad a blank for supplemental report of name and direct that it be sent to you as soon as the child is named.

ll original certificates to the State Board of Health on or before the fifth of the month. If the supplemental report o ld has not yet been filed, send the certificate and forward the latter report as soon as received after entering name o If the child died before being named, the report should be made with the statement "died unnamed.

ase of confinement, o Act, who shall neglec shall be deemed guilty the provisions of thi or by the instruction convicted of a mis an two hundred dollars

nder the provisions of

irth certificates may be Local Board of Health, Local Registrars or the State Board of Health.

MAR 10 1952

714-122.021-242

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St. ..... Registration District No. 27 File No. 104708

Hospital ..... Primary Registration District No. 2119 Registered No. 252

FULL NAME OF CHILD Philip Armand Paull
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin		1	Yes	Sep. 22 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	George Paull	FULL MAIDEN NAME	Letitia Busby
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Battle Creek Idaho.	BIRTHPLACE	Salt Lake City, Utah.
OCCUPATION	Theolrical Manager	OCCUPATION	Musician Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. States

Physician
(Physician or midwife)

Address Preston, Idaho.

Filed Oct. 4 1922 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

714-122-02-242

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104709

County of Franklin

City of Preston

No. ..... St. ..... Registration District No. 27 File No.

Hospital ..... Primary Registration District No. 2119 Registered No. 203

FULL NAME OF CHILD Wallace Ray Paull
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Male	Twin and	2	Yes	Sep. 22 1922
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: George Paull	FULL MAIDEN NAME: Letitia Busby
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Battle Creek Idaho.	BIRTHPLACE: Salt Lake City, Utah.
OCCUPATION: Theolrical Manager	OCCUPATION: Musician Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5.10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) G. W. Bates

Physician
(Physician or midwife)

Address Preston, Idaho.

Filed Oct 4 1922 Mrs Ida Lippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P 2 6 1942

SEVERAL REASONS WHY A CERTIFIC[illegible] BIL[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street: 2nd East

County: Franklin

File Number: 104709

Registration Dist. No.:

Date of Birth: Sep 22 1922

Sex of Child: Male

Father: George John Gaull (Full Name)

Mother: Lettie Busby (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wallace Ray Gaull (Child's Name in Full)

Lettie B. Gaull (Signature of Father or Mother)

babies were twins! Philip Armand
Wallace Ray.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

493·110·021·515

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104710

County of Franklin

City of Preston

No. 382 So. 2nd West St.

Registration District No. 27 File No.

Hospital

Primary Registration District No. 2119 Registered No. 2252

FULL NAME OF CHILD Harry Forrest Mitchell

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sep. 10, 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Richard Mitchell	FULL MAIDEN NAME	Sadie Vander weice
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Hooper, Utah.	BIRTHPLACE	Arusterdaen Holland
OCCUPATION	Labore	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3.25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. States

Physician
(Physician or midwife)

Address Preston, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Oct. 4 1922 Miss Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FULL NAME	[redacted]
RESIDENCE	Preston, Idaho.
BIRTHPLACE	Oneida Co., Idaho.
AGE AT LAST BIRTHDAY	19
OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of the child who was born alive at the place and on the date above stated.

Signature [redacted]

Address Preston, Idaho.

Dated [redacted] 192

Date of Birth [redacted] Sept. 10, 1920

Sex [redacted]

Color or Race White

Name of Child [redacted]

Number of this child born of this mother [redacted]

Twin, triplet, or other plural birth [redacted]

If not successful birth, was child born dead or alive? [redacted]

If dead, how long was it alive? [redacted]

FULL MAIDEN NAME	Sadie Amanda Weiss
RESIDENCE	Preston, Idaho.
COLOR	White
AGE AT LAST BIRTHDAY	19
BIRTHPLACE	Switzerland
OCCUPATION	Housework

Informant [redacted]

Address [redacted]

Filed [redacted] 192

Registrar [redacted]

Date received [redacted]

Given name added from a supplemental report [redacted]

By [redacted]

Registrar [redacted]

Date received [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FILE NO. [redacted]

County of [redacted]

City or Village [redacted]

No. [redacted]

Ward [redacted]

Usual Residence [redacted]

Name of Child [redacted]

Sex [redacted]

Color or Race [redacted]

Date of Birth [redacted]

Number of this child born of this mother [redacted]

Twin, triplet, or other plural birth [redacted]

If not successful birth, was child born dead or alive? [redacted]

If dead, how long was it alive? [redacted]

FULL NAME	Richard Weiss
RESIDENCE	Preston, Idaho.
COLOR	White
AGE AT LAST BIRTHDAY	19
BIRTHPLACE	Montpelier, Utah.
OCCUPATION	Laborer

Informant [redacted]

Address [redacted]

Filed [redacted] 192

Registrar [redacted]

Date received [redacted]

Given name added from a supplemental report [redacted]

By [redacted]

Registrar [redacted]

Date received [redacted]

CERTIFICATE OF BIRTH

FILE NO. [redacted]

County of [redacted]

City or Village [redacted]

No. [redacted]

Ward [redacted]

Usual Residence [redacted]

Name of Child [redacted]

Sex [redacted]

Color or Race [redacted]

Date of Birth [redacted]

Number of this child born of this mother [redacted]

Twin, triplet, or other plural birth [redacted]

If not successful birth, was child born dead or alive? [redacted]

If dead, how long was it alive? [redacted]

FULL NAME	[redacted]
RESIDENCE	[redacted]
COLOR	[redacted]
AGE AT LAST BIRTHDAY	[redacted]
BIRTHPLACE	[redacted]
OCCUPATION	[redacted]

Informant [redacted]

Address [redacted]

Filed [redacted] 192

Registrar [redacted]

Date received [redacted]

Given name added from a supplemental report [redacted]

By [redacted]

Registrar [redacted]

Date received [redacted]

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192 2 -

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Place of Birth — ~~Street~~:

Place of Birth — County: Oneida

File Number: 104710

Registration Dist. No.:

Date of Birth: Sept 10 - 192 2 -

Sex of Child: Male

Father: Richard C. Mitchell (Full Name)

Mother: Sadie van der Vlies (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Harry Lavert Mitchell
Child's Name in Full

Mrs. Richard C. Mitchell
Signature of Father or Mother

NOV 17 1969

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

319-204-021-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston.

No. ..... Registration District No. 27 File No. 104711

Hospital ..... Primary Registration District No. 2119 Registered No. 257

FULL NAME OF CHILD Mae Carver
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month, Day, Year)
Female			Yes	Sep. 4, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Parley Leonidas Carver	FULL MAIDEN NAME: Hazel Smith
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Plain City Utah.	BIRTHPLACE: Preston, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7-05 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Sales

physician
(Physician or midwife)

Address Preston, Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Oct. 4 1922 Mrs. Ida Sigsbee Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

PLACE OF BIRTH

FULL NAME OF CHILD

(Certificate of no value without full name of child)

Sex	Number of birth	Legitimate	Date of birth (Month)
Female		Yes	Sep. 1, 1922

What bacteriological [illegible] was used in eyes?

Number of children [illegible] present birth 5 — Number of child of this mother now living, including present birth 4

FULL NAME: Parley Leonidas Carver	FULL MAIDEN NAME: Hazel [illegible]
RESIDENCE: Preston, Idaho	RESIDENCE: Preston
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Blair City, Utah	BIRTHPLACE: Preston, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillbirth) [illegible] M.

(Signature)

Physician

(Physician or midwife)

Give name added from a supplemental report.

Address: Preston, Idaho

Filed 192[illegible]

Registrar

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Place of Birth — State: Idaho

Place of Birth — County: Franklin

File Number: 104711

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Sept 4 192 2

Father: Parley Leonidas Carver (Full Name)

Mother: Hazel Smith Carver (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mae Carver

Child's Name in Full

Hazel S. Carver

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

559-113-021-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED OCT 6 1922 BUREAU OF VITAL STATISTICS

County of Franklin
City of Preston
No. ..... St.
Hospital Mrs. Beckstead
Registration District No. 27
Primary Registration District No. 2119
File No. 104712
Registered No. 250

FULL NAME OF CHILD Lenice L. Nielson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Aug. 13 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Hyrum W. Nielsen	FULL MAIDEN NAME	Clara Elizabeth Larson
RESIDENCE	Calif.	RESIDENCE	Preston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Glencoe, Idaho
OCCUPATION	Day Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Nancy Beckstead
Midwife
(Physician or midwife)
Address Preston Idaho

Filed Oct 4 1922 Miss Ida Tuppela
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 9 1942

761-205-021-816

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 104713

Primary Registration District No. 2119 Registered No. 248

FULL NAME OF CHILD Clara Dean
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	9 - 5 1922

What bactericidal solution was used in eyes? 20% Arg. grol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Charles Earl Goaslind	FULL MAIDEN NAME	Lois Hawkes
RESIDENCE	Preston Ida.	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn), at 7 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician
(Physician or midwife)

Address Preston Idaho

Filed 9-30 1922 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1942

795-230-02-753

PLACE OF BIRTH

RECEIVED
OCT 6 192[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]
City of Preston
No. ____ St.
Hospital ____

Registration District No. [illegible] File No. 104714
Primary Registration District No. 2119 Registered No. 277

FULL NAME OF CHILD Ray Maurice Greaves
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes.	9 - 30 1927

What bactericidal solution was used in eyes? 2% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Oliver Greaves.	FULL MAIDEN NAME	Carol Peterson
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Cutler
Physician
(Physician or midwife)
Address Preston Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 10 - 2 - 1927 Mrs. Ida Typpets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RESIDENCE

COLOR

OCCUPATION

BIRTHPLACE

Address

Filed

STATE OF IDAHO

DEPARTMENT OF PUBLIC [illegible]

Boise, Oct. 7, 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street: R. R. 2

County: Franklin

File Number: M 104714

Registration Dist. No.: 2

Sex of Child: Female

Date of Birth: Sept. 30 1922.

Father: Oliver Ernest Greaves (Full Name)

Mother: Carolyn Peterson Greaves (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Fay Maurine Greaves

Child's Name in Full

Mrs O. E. Greaves

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage d legitimacy.

It enables the Public Health Nurse to make sure the child has en protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are comlled to furnish certified copies of certificates of birth, it is imrtant that the certificates be filed with the BUREAU OF VITAL STATISCS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

397-117-02-697

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 6 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

CERTIFICATE OF BIRTH 104715

County of Franklin
City of Preston
No. ..... St.
Hospital .....
Registration District No. 27
Primary Registration District No. 2119
File No. .....
Registered No. 244

FULL NAME OF CHILD Allen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	9-17-1922

What bactericidal solution was used in eyes? Crigler

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Carson Loretta	FULL MAIDEN NAME	Esther Wilson
RESIDENCE	Preston	RESIDENCE	Preston Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Bodily
Physician
(Physician or midwife)

Address Preston Idaho

Filed Oct. 4 1922 Mrs. Ida Leppelo
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE [illegible]

[illegible] WELFARE

CERTIFICATE OF BIRTH

Registration District No. File No.

Hospital Primary Registration District No.

FULL NAME OF CHILD

Sex of Child

Number of child of this mother [illegible]

FULL

MAIDEN

MARY

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

CERTIFICATE OF ATTENDANT OR MIDWIFE

Address

Registrar.

415-2011021-552

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104716

County of Franklin
City of Preston
No. 3d Ward St.
Hospital

Registration District No. 1
Primary Registration District No. 2119

File No.
Registered No. 239

FULL NAME OF CHILD Rowena Manning
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Sept. 1 1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank Manning	FULL MAIDEN NAME	Irene Nebeker
RESIDENCE	Preston Idaho	RESIDENCE	Preston, Idaho
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1.05 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland
Physician
(Physician or midwife)

Address Preston, Idaho

Filed Oct. 4 1922 Mrs Ida Lippsets
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF [illegible]

STATE [illegible]

DEPARTMENT [illegible]

Registration District [illegible]

Hospital [illegible] Primary Registration District No. [illegible] Registrar's No. [illegible]

FULL NAME OF CHILD

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	Number of order of birth	Legitimate	Date of birth
	(Total number of only in event of plural births)			(Month) (Day)

What prescribed solution was [illegible]

Number of child of this mother, including present birth ... Number of child of this mother now living, including present birth ...

FULL NAME FATHER	FULL MAIDEN NAME MOTHER
RESIDENCE	RESIDENCE
COLOR AGE AT LAST BIRTHDAY (Years)	COLOR AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION	OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was [illegible] above stated.

(Born alive or stillbirth)

(Signature)

(Attending Physician or Midwife)

Give name [illegible] Address

Filed 19 [illegible]

Registrar

Registrar

RECEIVED
OCT 30
BUREAU OF VITAL
STATISTICS

... OF IDAHO

...NT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: [illegible]
- Street: [illegible]
- County: Franklin

File Number: 104716

Registration Dist. No. .....

Date of Birth: Sept. 1st 1922

Sex of Child: Female

Father: [illegible] Manning
Full Name

Mother: Miss Irene Netcher
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Rowena Manning
Child's Name in Full

[illegible] Manning
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

962-108-021-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 2nd West St.

Registration District No. 27 File No. 104717

Hospital

Primary Registration District No. 2117 Registered No. 238

FULL NAME OF CHILD Derald Nelson Robinson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Sept 8 192.7

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Ferald Robinson	FULL MAIDEN NAME Meda Nelson
RESIDENCE Preston, Idaho	RESIDENCE Preston Idaho
COLOR W AGE AT LAST BIRTHDAY 20 (Years)	COLOR W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Registrar.

(Signature) Curtis Hand
Physician
(Physician or midwife)

Address Preston Idaho

Filed Oct 4 1927 Miss Ida Sigsbee
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IOWA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

No. Registration District No. File No. 104717

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD

(Certificate of no value without full name of child.)

Sex of Child	Number of birth	Number of child	Legitimate	Date of birth (Month) (Day) (Year)

What bacterioidal solution was used in eyes?

Number of child of this mother, including present birth. Number of child of this mother, including present birth.

FATHER	MOTHER
FULL NAME	FULL MAIDEN NAME
RESIDENCE	RESIDENCE
COLOR AGE AT LAST BIRTHDAY (Years)	COLOR AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION	OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born alive or stillbirth) M

(Signature)

(Signature of midwife)

Address

Filed 192

Registrar

389-219-021-413

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. 32 North St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 104718

Hospital Primary Registration District No. 2119 Registered No. 236

FULL NAME OF CHILD Ruth Chism

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Sept 19 1922

What bacteriocidal solution was used in eyes? 1% Ag No 3

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Percie Lloyd Chism	FULL MAIDEN NAME	Betsy Dalton
RESIDENCE	Preston Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	R.R. Station Agent	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician

(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Oct 4 1922 Mrs Ida Liggett

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 3 1968

County of

[redacted]

Registration District No. ..... File No. 104718

Primary Registration District No. ..... Registered No. .....

[redacted]

[redacted]ULL NAME OF CHILD .....

Certificate of no value without full name of child

[redacted]ex of [redacted]hild	Twin Triplet or other? (To be answered only in [illegible])	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year) 192

[redacted]hat bacterioidal solution was used in eyes? .....

[redacted]umber of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

[redacted]ULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
[redacted]ESIDENCE		RESIDENCE	
[redacted]OR	AGE AT LAST BIRTHDAY	COLOR	AGE AT LAST BIRTHDAY (Years)
[redacted]RTHPLACE		BIRTHPLACE	
[redacted]CCUPATION		OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... M. (Born alive or still born) the date above stated.

(Signature) .....

(Physician or midwife)

Address .....

Filed ..... 192 .....

Registrar.

Give names added from a supplemental report.

..... 19 ....

[redacted]

319.123.021-913

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104719

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 234

FULL NAME OF CHILD Calvin Rallison Carter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Sept. 23 1922

What bactericidal solution was used in eyes? 1% Ag NO_3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Noel James Carter	FULL MAIDEN NAME	Grace Rallison
RESIDENCE	Franklin County, Idaho	RESIDENCE	Franklin County, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.05 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Rhand
Physician
(Physician or midwife)

Address Preston Idaho

Filed Oct. 4 1922 Mrs Ida Lippets
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]
DEPARTMENT OF [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109719

[illegible] Division District [illegible]

[illegible] Registration District No. [illegible]

FULL NAME OF CHILD

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)

*To be [illegible] only in event of plural births

What beneficial solution was used in [illegible]

Number of child of this mother, including present birth [illegible] Number of child of this mother now living, including present birth [illegible]

FATHER	MOTHER
FULL NAME	FULL MAIDEN NAME
RESIDENCE	RESIDENCE
COLOR	COLOR [illegible] AT LAST BIRTHDAY (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION	OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

[illegible] that I attended the birth of this child, who was [illegible] at [illegible] (Born alive or [illegible])

[illegible] attending physician or [illegible]

(Signature) [illegible]

[illegible]

Address [illegible]

Filed [illegible] 192 [illegible]

Registrar [illegible]

134-128-024-155

PLACE OF BIRTH

County of Franklin

City of Preston

No. 1st West St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104720

Registration District No. 27 File No.

Primary Registration District No. 2117 Registered No. 233

FULL NAME OF CHILD Rulon Jensen Alder

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Sept 28 1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Melvin Paul Alder	FULL MAIDEN NAME	Emma Christella Jensen
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician

(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Oct 4 1922 Mrs. Ida Sippets

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF [illegible] STATE OF IDAHO

[illegible]

City of [illegible]

No. [illegible]

Hospital [illegible] Registration [illegible] Registered No. [illegible]

FULL NAME OF CHILD (Certificate of no name without full name of child)

Sex of child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	192 (Year)
			(Not entered only in [illegible] (Initial [illegible])				

What bacterioidal solution was used in eyes? [illegible]

Number of child of this mother including present birth [illegible] Number of child of this mother now living, including present birth [illegible]

	FATHER		MOTHER
FULL NAME		FULL MAIDEN NAME	
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was [illegible] at [illegible] M. on the date above stated.

(Born alive or stillborn)

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

Address [illegible]

19 [illegible]

Filed [illegible] 192 [illegible]

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ... Preston

Street .....

County ... Franklin

File Number 104720

Registration Dist. No. .....

Sex of Child ..... Male

Date of Birth ... Sept. 28 1922

Father ... Melvin Paul Alder ... (Full Name)

Mother ... Emma Christella Jensen ... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

... Reuben Jensen Alder ... (Child's Name in Full)

..... Mrs. Melvin Paul Alder .....

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

813-230-021-413

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 2nd North St.

Registration District No. 27 File No. 104721

Hospital

Primary Registration District No. 2119 Registered No. 229

FULL NAME OF CHILD Vesma Hall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Sept 30 1922

What bacteriecidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Howard Hall	Armoral Dalley
RESIDENCE	Preston Idaho	Preston Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Idaho	Utah
OCCUPATION	Laborer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 d. 35 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Curtis Hall

Physician
(Physician or midwife)

Address Preston, Idaho

Filed Oct 4 1922 Miss Ida Tippetts
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

No. ..... Registration District No. .....

Registration District No. .....

NAME OF CHILD

(Then name of no name without)

Sex of child	Type of Birth	Number in order of birth	Legitimate?	Date of birth (Month)	Day	Year

(To be completed only in event of phoenix birth)

What hoosterinidal solution was given in eyes? .....

Number of children this mother [illegible] Number of child of this mother now living, including [illegible]

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... (Birth-alive or stillborn)

[illegible] (Signature) .....

[illegible] (Signature) .....

Give a name added from a [illegible] .....

Address .....

Filed ..... 192 .....

Registrar.

STATE OF ID.

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street: .....

County: Franklin Co.

File Number: 104721

Registration Dist. No. .....

Date of Birth: Sept. 30 ..... 1922.

Sex of Child: Female

Father: Joseph Howard Hall (Full Name)

Mother: Armorel Dalley H... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Vernna Hall

Child's Name in Full

Armorel Hall

Signature of Father or Mother

SEP 20 1973

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
ED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage egitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are comd to furnish certified copies of certificates of birth, it is imnt that the certificates be filed with the BUREAU OF VITAL STATISand the same completed by furnishing the name of the child.

tall

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

313-215-021-419

PLACE OF BIRTH

name added 9-10-82

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104722

County of Franklin

City of Winder

No. R.F.D. #2 St.

Registration District No. 27 File No.

Hospital

Primary Registration District No. 2119 Registered No. 254

FULL NAME OF CHILD Carma Ellen Talbot

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sep. 15, 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Orvil L. Talbot	FULL MAIDEN NAME	Elizabeth Martin
RESIDENCE	Winder	RESIDENCE	Winder
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Layton, Utah.	BIRTHPLACE	Preston, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

~~Give names added from a supplemental report.~~

(Signature) F. W. Yates

Physician
(Physician or midwife)

Address Preston, Idaho.

Filed Oct 4 1922 Mrs. Ida Sippets
Registrar.

~~Registrar.~~

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-9-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
SEP 8 1982
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 104722
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Talbot (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 15, 1922 (Date of Event)

in Winder (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Carma Ellen Talbot

Subscribed and sworn to before me this 7th day of Sept 1982

Notary Public, _____
Residing at Preston, Id
My commission expires Lifetime
(Seal)

x Carma J. Goodsell
Signature of Applicant

Box 172 Grace, Ida. 83241
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of Sept 1982

Notary Public, _____
Residing at Preston, Id
My commission expires Lifetime
(Seal)

Elizabeth M Talbot
Supporting Signature

Route 3 Preston Ida. 83263
Street Address, City, State

lcc pd

Cert of Blessing From LDS Church gives Carma Ellen Talbot born 9-15-22 in Winder, to Orville Leray Talbot and Elizabeth Ann Martin and was blessed Oct 1, 1922. Viewed by v.s. SEP 10 1982

Preston Public School Permanent Student Record gives Carma E Talbot daughter of Orville and Elizabeth Talbot born 9-15-22 in Preston, Idaho. Record for year 5-23-41. Viewed by V.S.

318-209-021-599

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104723

County of Franklin,

City of Winder

No. ____ St. ____

Registration District No. 27 File No. ____

Hospital ____ Primary Registration District No. 2119 Registered No. 256

FULL NAME OF CHILD Annie Ardelle Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sep. 9, 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Joseph Taylor	FULL MAIDEN NAME	Marie Erickson
RESIDENCE	Winder	RESIDENCE	Winder
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Fairview, Idaho.	BIRTHPLACE	Logan, Utah.
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) G. W. States

Physician
(Physician or midwife)

Address Preston, Idaho.

Filed Oct 4 1922 Mrs Ida Lippett
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

916-108-021-2131

County of Franklin

City of Whitney

No. ..... St. ..... District No. 27

Hospital ..... Primary Registration District No. 2119

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED OCT 6 1922 BUREAU OF VITAL STATISTICS

File No. 104724

Registered No. 246

FULL NAME OF CHILD JACK DEVAR RAWLINS
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		yes.	9 - 8 1922

What bactericidal solution was used in eyes? 20% Arg. prot.

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Harvey Eugene Rawlins	FULL MAIDEN NAME	Abbie Blair
RESIDENCE	Whitney Ida	RESIDENCE	Whitney Ida
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4.45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.

Physician
(Physician or midwife)

Address Preston Idaho

Filed Oct. 4 1922 Mrs Ida Lippels
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

CERTIFICATE OF BIRTH

Registration District No. _____

Registration District No. _____

PERSONAL PARTICULARS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bannock } ss.

Certificate No. 104724

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on Sept. 8, 1942 (Date of Event)
in Whitney, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Jack Devar Rawlins

Subscribed and sworn to before me this 20th day of March, 19 42.

Wendell W. Wilson
Notary Public, residing at Pocatello, Idaho

My commission expires April 3, 1943
(Seal)

Signed Harvey Eugene Rawlins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

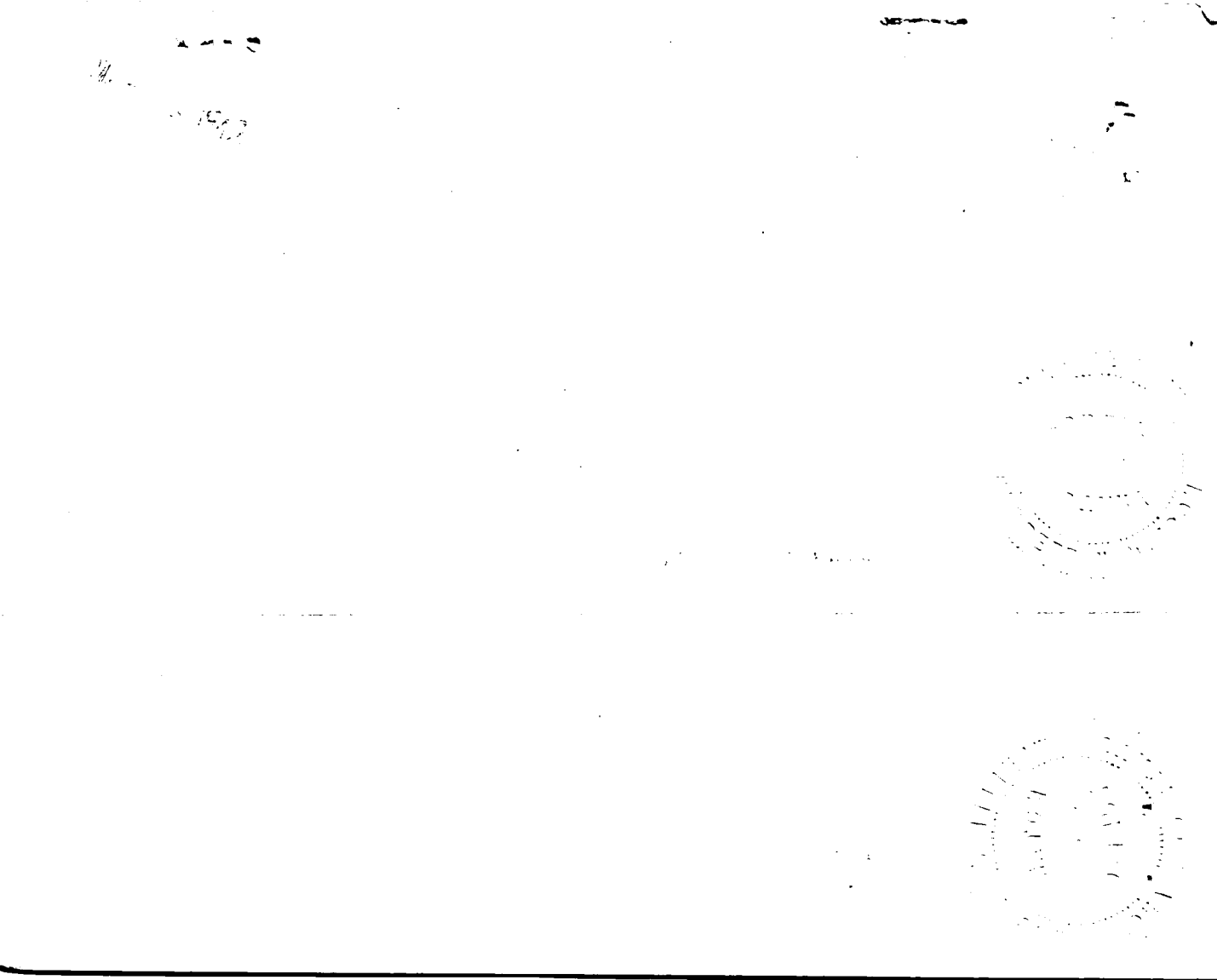
Subscribed and sworn to before me this 20th day of March, 19 42.

Wendell W. Wilson
Notary Public, residing at Pocatello, Idaho

My commission expires April 3, 1943
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

215 McKinley, Pocatello, Ida.
(Street Address, City, State)



259-122-022-155 Amended child's & Father's last name, 05-21-02, RDF

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED OCT 6 1922 BUREAU OF VITAL STATISTICS

County of Franklin
City of Glenco
No. ____ St. ____
Hospital [redacted]

Registration District No. 27 File No. 104725
Primary Registration District No. 2119 Registered No. 245

FULL NAME OF CHILD RALPH ~~BERQUIST~~ Bergquist
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	9-22-1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Edward ~~Bergquist~~ Bergquist	FULL MAIDEN NAME	Serena Jensen
RESIDENCE	Glenco. Ida.	RESIDENCE	Glenco Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Milk Creek Ida.	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler
Physician
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct 14 1922 Mrs. Ida Tuppets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1947

OCT 18 1950

MAY 07 2002 paid

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of [illegible] } SS.
County of _____

Certificate No. 1922-104725

Date Filed Oct 6, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Ralph Berquist (Name on Original Certificate) who was born (Was Born, Died, etc.) on September 22, 1922 (Date of Event)

in Glencoe Idaho (Franklin County) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's last name	Berquist	Bergquist
Father's last name	Burquist	Bergquist

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, X see attached

Residing at _____

My commission expires _____
(Seal)

X Ralph R Berquist
Signature of Applicant

X 3600 So 2210 E Salt Lake City, Utah 84109
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed _____)

(Is not necessary XX)

State of _____ } SS.
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of blessing, dated September 22, 1922, staets name as Ralph Bergquist.

BYU degree, dated June 2, 1952, states full name as Ralph Bergquist.

Siblings birth certificate (#1918-58632), dated May 11, 1918, states last name as Bergquist (Unnamed)

Father's death certificate (1950-588), dated February 3, 1950, states full name as Edward Bergquist.

652-29-021-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED OCT 6 1922 BUREAU OF VITAL STATISTICS

104726

County of Franklin

City of Glendale

No. ..... St.

Registration District No. 27 File No. .....

Hospital .....

Primary Registration District No. 2119 Registered No. 243

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	9-19-1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Denton M Webster	FULL MAIDEN NAME: Melinda Larson
RESIDENCE: Glendale Preston R.F.D.	RESIDENCE: Glendale
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Ida	BIRTHPLACE: Ida
OCCUPATION: Farming	OCCUPATION: Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.25 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. E. Cutler

Physician
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

..... 19.....

.....
Registrar.

Filed Oct 4 1922 Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

14720-021-155

PLACE OF BIRTH

County of Franklin

City of Glendale

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 104727

Primary Registration District No. 2119 Registered No. 241

FULL NAME OF CHILD Melba Auger
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	from	1	yes	Sept 1 1922

What bacteriocidal solution was used in eyes? 1% Ag NO 3

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	William Henry Auger	FULL MAIDEN NAME	Alta Jensen
RESIDENCE	Glendale, Idaho	RESIDENCE	Glendale, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) Curtis Bland M.D.

(Physician or midwife)

Address Preston Idaho

Filed Oct 4 1922 Mrs Ida Lippsett Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

147-201-02455

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Hendale

No. ..... St.

Registration District No. 27 File No. 104728

Hospital ..... Primary Registration District No. 2119 Registered No. 240

FULL NAME OF CHILD Elva Auger
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Twin and	11	Yes	Sept 1 1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	William Henry Auger	FULL MAIDEN NAME	Ada Jensen
RESIDENCE	Hendale, Idaho	RESIDENCE	Hendale, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) Curtis Bland

Physician
(Physician or midwife)

Address Preston, Idaho

Filed Oct 4 1922 Mrs Ida Sigsbee Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-121-021-769

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104729

County of Franklin

City of Weston

No. ..... St.

Registration District No. 27 File No. .....

Hospital ..... Primary Registration District No. 2119 Registered No. 235

FULL NAME OF CHILD Mervin Clarence Sharp
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Sept 21 1927

What bacteriedal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Clarence John Sharp	FULL MAIDEN NAME Laveda Pearl Porter
RESIDENCE Franklin County	RESIDENCE Franklin County
COLOR W	AGE AT LAST BIRTHDAY 29 (Years)
COLOR W	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farming	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7.30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland
Physician
(Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 19.....

Filed Oct. 4 1927 Mrs Ida Tippets
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 26 1968

459-29-026-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104730

County of Franklin

City of Preston

No. ____ St. ____

Registration District No. 27 File No. ____

Hospital ____ Primary Registration District No. 2119 Registered No. 232

FULL NAME OF CHILD Marvin A Derstaler
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Sept 29 1922

What bacterieidal solution was used in eyes? 1 To Ag NO3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Henry Rudolph Derstaler	FULL MAIDEN NAME Salemia Drewailla Long
RESIDENCE Preston Franklin Co, Idaho	RESIDENCE Preston, Franklin Co, Idaho
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Mississippi
OCCUPATION Farming	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 215 A **M.** **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Hand
Physician
(Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct 4 1922 Mrs Ida Typpets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-230-021-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek

No. ..... St.

Registration District No. 27 File No. 104731

Hospital ..... Primary Registration District No. 2119 Registered No. 231

FULL NAME OF CHILD RADA J. CHRISTENSEN
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Sept 30 1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ferdinand Frederick Christensen	FULL MAIDEN NAME	Irene Eliza Jensen
RESIDENCE	Mink Creek Idaho	RESIDENCE	Mink Creek Idaho
COLOR	W AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:15 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Blank

Preston Idaho
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Physician

Filed Oct 4 1922 Miranda Coppels
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 104731

Date Filed birth for

The undersigned does solemnly swear that certain facts on the certificate of Rada J. Christensen (Birth or Death)
~~for~~ (Name on Original Certificate) who born on Sept. 30, 1922
(Was Born or Died) (Date of Event)
in Minkcreek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Rada J. Christensen

Subscribed and sworn to before me this 23 day of May, 1942

Notary Public, residing at Preston,

My commission expires 9-1-44
(Seal)

Signed Irene Eliza Christensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Minkcreek Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of May, 1942

Notary Public, residing at Preston

My commission expires 9-1-44
(Seal)

Signed Ferdinand Christensen
(Signature of Any Credible Person Other Than Previous Year)

Minkcreek Idaho
(Street Address, City, State)

MAY 25 1942

712-230-021-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Oneida Sta

No. ..... St.

Registration District No. 27 File No. 104732

Hospital ..... Primary Registration District No. 2119 Registered No. 230

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Sept 30 1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	George Island Passey	FULL MAIDEN NAME	Pearl Evangeline Wallenstine
RESIDENCE	Oneida Sta, Franklin Co. Ida	RESIDENCE	Oneida Sta, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland
Physician
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct. 4 1922 Mrs Ida Lippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-223-021-713

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104733

County of Franklin

City of Riverdale

No. ____ St. ____

Registration District No. 27 File No. ____

Hospital ____ Primary Registration District No. 2119 Registered No. 251

FULL NAME OF CHILD Dot Woolf
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	Sep. 23' 192 2

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 10

FATHER	MOTHER
FULL NAME: James Woolf Jr.	FULL MAIDEN NAME: Bertha Baverna Packer
RESIDENCE: Riverdale	RESIDENCE: Riverdale
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Hyde Park, Utah.	BIRTHPLACE: Riverdale, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

.....
Registrar.

(Signature) G. W. States

Physician
(Physician or midwife)

Address Preston, Idaho.

Filed Oct. 4 1922 Mrs. Ida Lyspeta
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-[redacted]22-319

[redacted]RTH

RECEIVED
SEP 21 19
BUREAU

Form V. S[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]mond

City of [redacted] Anthony

Registration District No. 99 File No. [redacted]

No. ..... St.

Primary Registration District No. 2117 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~XXXXXXXXXXXX~~ ELENA ADELIA May Seiler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	7 (Month) 31 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	E. E. Seiler	FULL MAIDEN NAME	Eliz. Carr
RESIDENCE	Big Springs, Ida	RESIDENCE	Big Springs Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Iowa	BIRTHPLACE	Marysville, Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 8, 25 1922 U Bleest Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

SEP 2 2 1942

249-103-002-366

PLACE OF BIRTH

RECEIVED SEP 21 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 104735

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Elmo Dale Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	5	yes	7 3 1922

FATHER		MOTHER	
FULL NAME	Sam H. Smith	FULL MAIDEN NAME	Ethel Cook
RESIDENCE	St Anthony	RESIDENCE	St Anthony Idaho
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Marion Co. Tenn.	BIRTHPLACE	Grouse Creek U
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD (Physician or midwife)

Given names added from a supplemental report.

Address St Anthony Ida

Filed 8 20 1922 W Alvest

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
OCT 23 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Oct. 28, 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: St. Anthony

Street:

County: Fremont

File Number: 104735

Registration Dist. No.:

Sex of Child: Male

Date of Birth: July 3, 1922

Father: Samuel H. Smith (Full Name)

Mother: Ethel M. Smith (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elma Dale Smith
Child's Name in Full

Mrs. L. H. Smith
Signature of Father or Mother

NOV 27 1970

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

265-222-022-449 (Be sure the information is complete and accurate)

Amended 8-25-66

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 104736
Local Reg. No.
Reg. Dist. No. 99

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Donna b. (Middle): Lou c. (Last): Swensen

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) July (Day) 22, (Year) 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Archie b. (Middle): c. (Last): Swensen

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Mt. Pleasant, Utah

10. USUAL OCCUPATION: Farmer & Stockman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ida b. (Middle): c. (Last): Murri

13. AGE (At time of this birth): 28 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Midway, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. E. Melton

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: St. Anthony, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: August 25, 1922

22. REGISTRAR'S SIGNATURE: W. B. West

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ON OF VITAL STATISTICS, BOISE, IDAHO.

8-25-66

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 107736

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Samuel Swenson (Name on Original Certificate) who was born (Was Born or Died) on July 22, 1922 (Date of Event) in St. Anthony (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Samuel Swenson	Donna Lou Swensen
Sex of Child	Male	Female
Fathers name	Swenson	Swensen
Mother's maiden name	Murray	Murri

Subscribed and sworn to before me this 25th day of Aug, 1966

W. W. Benson

Notary Public, residing at Boise

My commission expires 1970

(Seal)

Signed Ida Murri Swensen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1034 Rose Ave Idaho Falls Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of Aug 1966

W. W. Benson

Notary Public, residing at Boise

My commission expires 1970

(Seal)

Signed Andrew Archie Swensen

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

582-223-02-386

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 104737
Local Reg. No.
Reg. Dist. No. 99

Amended 10/24/74

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Barbara
b. (Middle):
c. (Last): Nyborg

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	7 - 23 - 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Wm.
b. (Middle):
c. (Last): Nyborg

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
24 YEARS	Mt. Pleasant, U	Laborer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Katherine
b. (Middle):
c. (Last): Thompson

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
YEARS	Wilford, Ida.	a. How many OTHER children are now living? 2	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. E. Melton, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: St. Anthony,

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 8/25/22

22. REGISTRAR'S SIGNATURE: W. B. West

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS | WEIGHT AT BIRTH ____ LBS. ____ OZS. | TIME: 6AM

RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO. Address

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF VITAL STATISTICS
OCT 23 12 50 PM '74

State of CALIFORNIA } ss.
County of RIVERSIDE }

Certificate No. 104737

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Henry Nyborg (Name on Original Certificate) who was born (Was Born or Died) on July 23, 1922 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by 1. CERT. OF BAPTISM 1. 8-2-1930 2. CERT. OF BLESSING prepared on 2. 9-3-1922 (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Henry Nyborg	Barbara Nyborg
sex of child	M	Female

Subscribed and sworn to before me this 21 ST day of OCTOBER, 19 74

Signed Gladys A. Emerson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 3481 CENTRAL AV. RIVERSIDE CA.
My commission expires MARCH 7, 1977
(Seal) OFFICIAL SEAL MURETA B. GUY NOTARY PUBLIC-CALIFORNIA RIVERSIDE COUNTY My Commission Expires Mar. 7, 1977

6113 HAWARDEN DR. RIVERSIDE, CA 92506
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of RIVERSIDE }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 ST day of OCTOBER, 19 74

Signed J. Hearl Emerson
(Signature of Any Credible Person)

Notary Public, residing at 3481 CENTRAL AV. RIVERSIDE CA.
My commission expires MARCH 7, 1977
(Seal) OFFICIAL SEAL MURETA B. GUY NOTARY PUBLIC-CALIFORNIA RIVERSIDE COUNTY My Commission Expires Mar. 7, 1977

6113 HAWARDEN DR. RIVERSIDE, CA 92506
(Street Address, City, State)

CL 104737 Check!

Certificate of Blessing from the Church gives name as Barbara Nyborg daughter of Wm L. Nyborg and Katherine Thompson. Born July 23, 1922 at. St. Anthony, Idaho. Was Blessed Sept. 3, 1922. viewed by V. S.

Certif. of Baptism and Confirmation from the LDS Church gives name as Barbara Nyborg daughter of William L. Nyborg and Katherine Thompson. Born July 23, 1922 at St. Anthony, Idaho. Was Baptized Aug. 2, 1930. vieweed by V. S.

430-125-022-719

RECEIVED
SEP 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 99 File No. 104738

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Arthur McKinley

Sex of Child M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 7-25-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cecil A McKinley	FULL MAIDEN NAME	Mable Garner
RESIDENCE	Teton Ida	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Teton	BIRTHPLACE	Teton
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Anthony

Filed 8/22 1922 W A West

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

995-122-02 2-299

PLACE OF BIRTH

RECEIVED SEP 21 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 49

File No. 104739

No. ..... St.

Primary Registration District No. 217

Registered No. .....

Hospital .....

FULL NAME OF CHILD ROBERT BIRCH ZIEMER

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				✓	7 - 2 1922

FATHER		MOTHER	
FULL NAME	L D Ziemer	FULL MAIDEN NAME	Olive Birch
RESIDENCE	St Anthony	RESIDENCE	St A.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Hoskins, Neb	BIRTHPLACE	St Anthony, Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J E Melton MD

(Physician or midwife)

Address St Anthony Idaho

Filed 8 25 1922 A B Wright Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Columbia }

SEP 12 1942

Certificate No. 104739

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Robert Birch Ziemer (Name on Original Certificate) who born (Was Born or Died) on 7th 2nd 1922 (Date of Event) in St Anthony Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Robert Birch Ziemer
Robert Birch Ziemer		

Subscribed and sworn to before me this 5th day of Sept, 1942

Notary Public, residing at L C Elliott
My commission expires Houston Ore
(Seal) Jan 4 7th 2nd 42

Signed Olive Gertrude Ziemer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Warren Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Columbia }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of September 1942

Notary Public, residing at NOTARY PUBLIC FOR OREGON
My commission expires MY COMMISSION EXPIRES FEB. 26, 1943
(Seal)

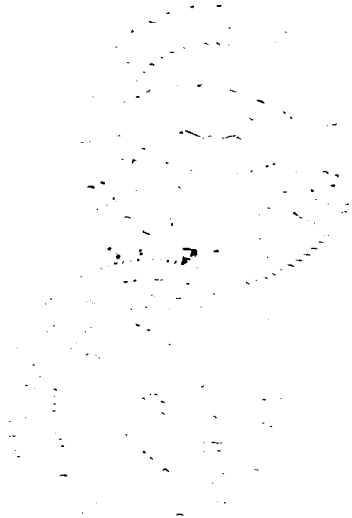
Signed Darrell Woolsten Aguilar
(Signature of Any Credible Person Other Than Previous Year)
Uncle of Robert Birch Ziemer

Scappoose, Oregon
(Street Address, City, State)

SEP 12 1942

SEP 14 1942

JUL 20 1954



113-115-022-313

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 104740

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Keith Leroy Jacobs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	6 - 15 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ohy F. Jacobs	FULL MAIDEN NAME	Kate Hamann
RESIDENCE	St Anthony	RESIDENCE	Wellsville N.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	Hon

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 11 50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address .....

Registrar J. E. Mathews Filed 8 21 1922 W. A. Wright Registrar

This came in ~~[illegible]~~ letter.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: St. Anthony

Street: .....

County: Fremont

File Number: 104740

Registration Dist. No.: .....

Sex of Child: Male

Date of Birth: June 15th 1922

Father: Olin F. Jacobs (Full Name)

Mother: Kate Heathan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Keith Leroy Jacobs (Child's Name in Full)

Mrs Olin F. Jacobs (Signature of Father or Mother)

APR 1 1942

APR 1 0 1975

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-108-
033-665

PLACE OF [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 21 1922

CERTIFICATE OF BIRTH

County of Madison
City of Sugar
No. ____ St.
Registration District No. 99
File No. 104741
Hospital ____
Primary Registration District No. 2177
Registered No. ____

FULL NAME OF CHILD Blaine Ford McKinley
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	6 - 8 - 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur McKinley	Laura E. Owen
RESIDENCE	Sugar #1, Ida	Sugar #1 Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	34	
BIRTHPLACE	Teton, Idaho	Dunkerton, Iowa
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon
M.D.
(Physician or midwife)

Address St Anthony

Filed 8/25 1922 W B Lord
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise District

Street: .....

County: Madison

File Number: 104741

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: June 8th 1922

Father: Arthur McKinley (Full Name)

Mother: Laura E. Duncan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Blair Finch McKinley

Child's Name in Full.

Mrs. Arthur McKinley

Signature of ~~Father or~~ Mother

SEP 21 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

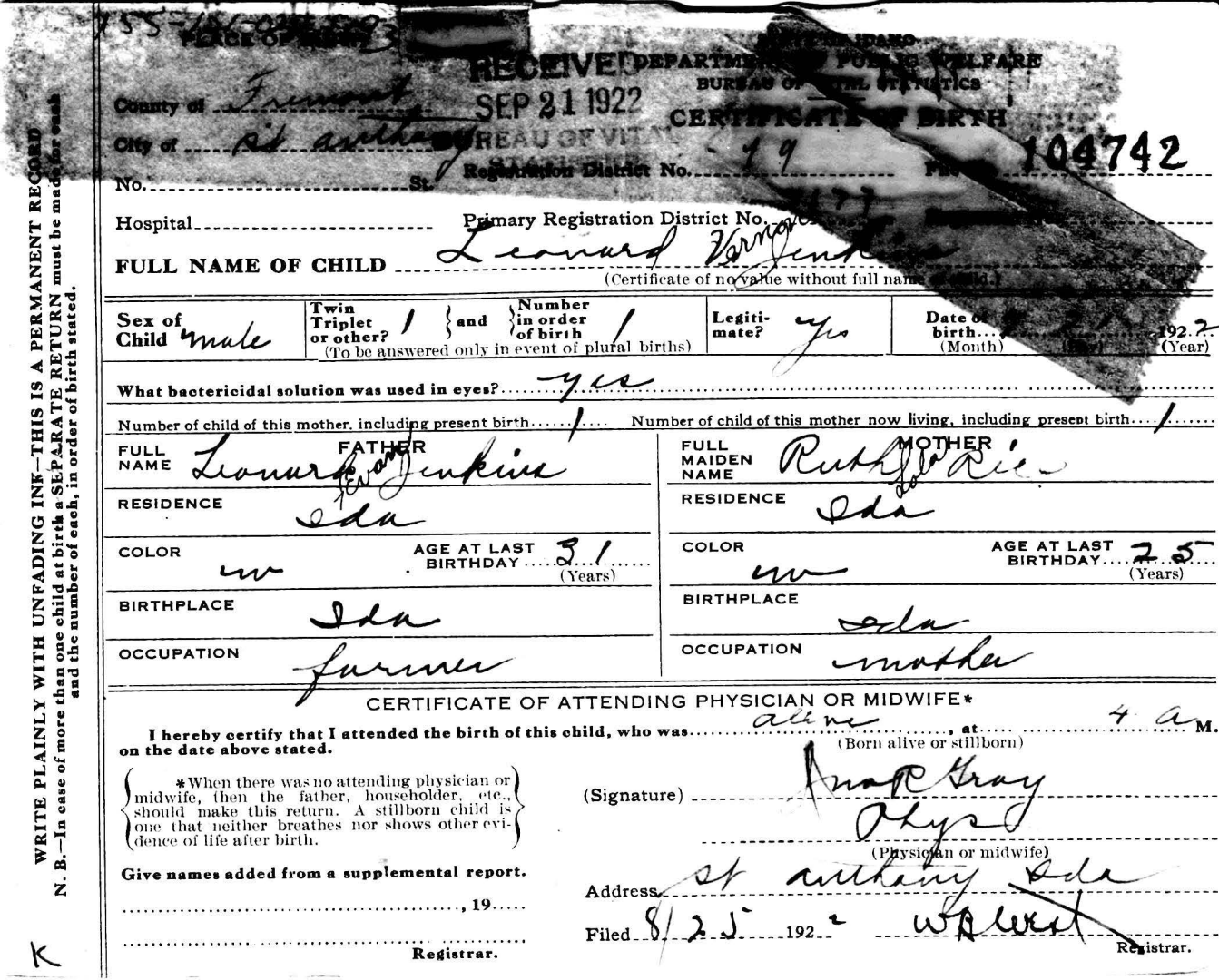
1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

155-106-0[illegible]

PLACE OF BIRTH

RECEIVED
SEP 21 1922
BUREAU OF VITAL



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 79 File No. 104742

Hospital ..... Primary Registration District No. [illegible]

FULL NAME OF CHILD Leonard Vernon Jenkins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	192 2 (Year)
male	1		1	yes		21	

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leonard Vernon Jenkins	FULL MAIDEN NAME	Ruth Lola Rice
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ana R Gray
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

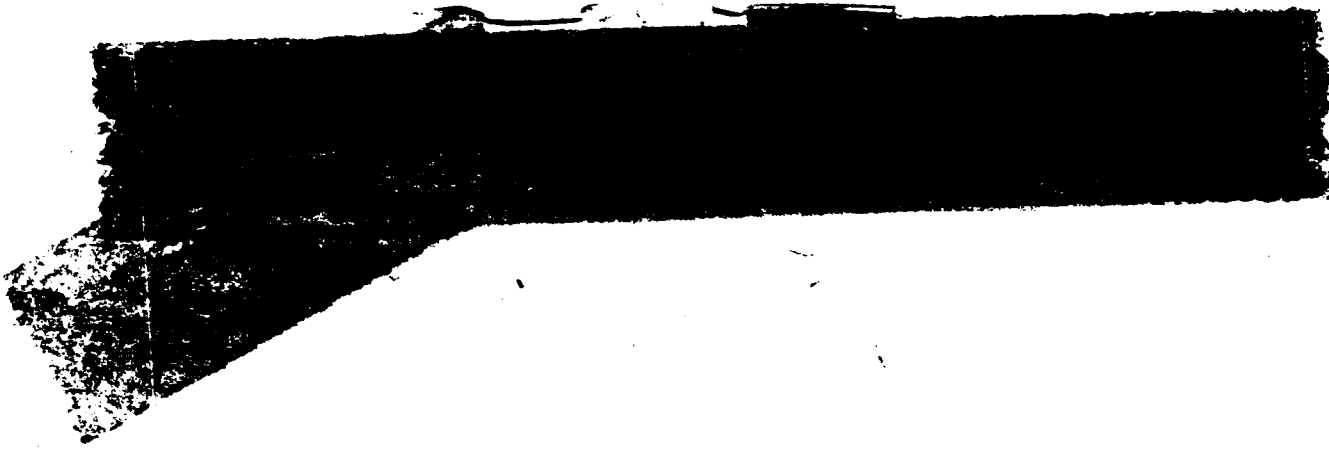
Registrar.

Address St Anthony Ida

Filed 8/25 192 2 W A West
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



DECEASED

445-217-022-569

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104743

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99 File No. .....

Hospital .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Ruth Dunhan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	1		3	yes	7-17-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 3 Number of child of this mother, now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lewis Dunhan	FULL MAIDEN NAME	Vinnie North
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address St Anthony

Filed 9/25 1922 W A West
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov.13, 1940. E.W.

DEC 3 1943

384-125-022-669

PLACE OF BIRTH

RECEIVED
SEP 21 192
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 94 File No. 104744

Hospital ..... Primary Registration District No. 3177 Registered No. .....

FULL NAME OF CHILD Eugene Thurman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	1		—	yes	7-25-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harry Lee Thurman	FULL MAIDEN NAME	Hazel C Worrell
RESIDENCE	Monrovia Cal	RESIDENCE	Monrovia Cal
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo	BIRTHPLACE	Ind
OCCUPATION	Engineer	OCCUPATION	~~[illegible]~~ Hsw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at six M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R Gray
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address St Anthony

Filed 8, 25 1922 W B West
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/21/41 L. B.

APR 16 1987

219-28-022-281 amended 7/21/80

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont
City of St Anthony
No. ____ St. ____
Hospital ____
Registration District No. 99
Primary Registration District No. 3177
File No. 104745
Registered No. ____

FULL NAME OF CHILD Loren Vernon Barger
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	1	3	yes	7 28 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jas. A Barger	FULL MAIDEN NAME	Laura B. Shaw
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	white	COLOR	w
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Oregon	BIRTHPLACE	Alabama
OCCUPATION	farmer	OCCUPATION	mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Jas R Bray MD
(Physician or midwife)
Address St Anthony Ida
Filed 8 21 1922 W D Curtis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
APR 4 1980
VITAL STATISTICS

State of Washington
County of Yakima } ss.

Certificate No. 104745
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Vernon L. Barger (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 20, 1922 (Date of Event)

in St. Anthony (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Vernon L. Barger	Loren ✓Vernon Barger
Date of birth	July 20, 1922	July 28, 1922

Subscribed and sworn to before me this _____ day of May, 19 80

Notary Public, For the State of Washington
Residing at Yakima
My commission expires May 22, 1981
(Seal)

_____
Signature of Applicant

100 N. 56th Ave #8, Yakima, Wa. 98908
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Yakima } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of May, 19 80

Notary Public, for the State of Washington
Residing at Yakima
My commission expires May 22, 1981
(Seal)

Laura Barger Woods
Supporting Signature

310 So. Athanum Apt 5 Wapato Wash
Street Address, City, State

Tele call - Correction corresp
4-10-80 fc

Family Bible record gives nameas ~~XXXXXX~~ Loren Vernon Barger born July 28, 1922 at Egen Idaho. Married May 3, 1942 to Velva Harvey. viewed by V.S JUL 23 1980

Insurance paper from Metropolitan Ins Co. gives name as Loren V. Barger dated July 27, 1969/ policy No. 696 782 339 A
vieewed by V. S.

862-129-022-613

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Fremont

City of Egin

No. ..... St.

Hospital .....

RECEIVED SEP 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104746

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD T. M. Yokayoma

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 29 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Y. Yokayoma	FULL MAIDEN NAME	Ki Watanaba
RESIDENCE	Egin	RESIDENCE	Egin
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.50 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed 7 10 1922 — W B West

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 22-327710

555-229-022-415

PLACE OF BIRTH

RECEIVED
SEP 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 19

File No. 104747

No. ..... St.

Primary Registration District No. 277

Registered No. .....

Hospital .....

FULL NAME OF CHILD Helen Mojine Evenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	June 29 1922

FATHER		MOTHER	
FULL NAME	Axel N. Evenson	FULL MAIDEN NAME	Verna Marie Davenport
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Butcher	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from alive, at 2.15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Olvert

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 7 10 1922 W Olvert

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

296-116-022-296

PLACE OF BIRTH

RECEIVED
SEP 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104748

County of Fremont

City of St Anthony

No. ____ St.

Registration District No. 99

File No. ____

Hospital ____

Primary Registration District No. 3177

Registered No. ____

FULL NAME OF CHILD Wm Thos Brown

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	6 16 192 2

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Alma Brown	FULL MAIDEN NAME	Argenta Brown
RESIDENCE	Chester	RESIDENCE	Chester
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	2 2	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Ida	BIRTHPLACE	Chester
OCCUPATION	Farmer	OCCUPATION	housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was live alive (Born alive or stillborn), at 9 30 6 M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D Ward

(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7 10 192 2 W D Ward
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-114-022-296

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104750

County of Fremont

City of St. Anthony

Registration District No. 44 File No.

No. Route No. 3 St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Jack Adams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	6 (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Geo. Bair Adams	FULL MAIDEN NAME	Annie Broadhurst
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Spring Mt. Ida	BIRTHPLACE	Salt Lake City Ut.
OCCUPATION	Farming	OCCUPATION	house-wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. Sutherland M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Rexburg Idaho

Filed 7 10 1922 W. A. West
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 14 1956

JAN 9 ? 1956

759-131-022-348

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 21 1922

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 104751

No. ..... St.

Hospital ..... Robert

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Cornelius Peralta

Sex of Child: Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth: Aug 31 (Month) (Day) 1922 (Year)

FATHER

FULL NAME: Cornelius Peralta

RESIDENCE: St Anthony

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: St Anthony Idaho

OCCUPATION: Merchant

MOTHER

FULL MAIDEN NAME: Sylvia Taylor

RESIDENCE: St Anthony Idaho

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Utah

OCCUPATION: housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7:54 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Wood

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sept 10 1922 W A Wood

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 9 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 104751

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Cornelius Talmo Peralta (Name on Original Certificate) who born (Was Born or Died) on Aug. 31, 1922 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Father (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Cornelius Talmo Peralto	Robert Cornelius

Subscribed and sworn to before me this 24th
day of August, 1942
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
(Seal)

Signed L. C. Peralta
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 23 1973

AUG 24 1974

OCT 14 1942

219-128-022-358

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 21 1922

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 104752

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lee Barrett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Barrett	FULL MAIDEN NAME	Alta Leona Lee
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mate	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 9 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. West MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Sept 10 1922

W A West
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup 0 1922-335732

name
CHANGE

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154.124.022-119

PLACE OF BIRTH

RECEIVED
SEP 21 1922

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 104753

No. ..... St.

Primary Registration District No. 2117

Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Delmar Andrus

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				yes	Aug	24	19 22

FATHER		MOTHER	
FULL NAME	Horace Andrus	FULL MAIDEN NAME	Elizabeth Caroline
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Beard

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sept 10 1922

W. Allred

Registrar

868-218-022-285

PLACE OF BIRTH

RECEIVED
SEP 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104754

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99 File No. .....

Hospital ..... Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Lore Found Hoy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Aug 18 1922

What bactericidal solution was used in eyes? Argyrol Sol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Lee Hoy	FULL MAIDEN NAME	Chin Shee
RESIDENCE	St Anthony	RESIDENCE	St Anthony Ida
COLOR	Chinese	COLOR	Chinese
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Walawala Washington	BIRTHPLACE	China
OCCUPATION	Restaurant keeper	OCCUPATION	house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible], at 10.45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lord M.D.

(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address .....

Filed Sept 10 1922 W. C. Lord
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1972

493-114-022-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 21 1922

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

Registration District No. 99 File No. 104755

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Ralph Daniel Miller

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Aug 14 1922

FATHER		MOTHER	
FULL NAME	Ralph Miller	FULL MAIDEN NAME	Cora Elizabeth Knight
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Parker Idaho	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Allred

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Sept 18 1922 W Allred

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

938-109-022-818

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

RECEIVED
SEP 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 49 File No. 104756

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Yoshihiro Frank Ichikawa

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug (Month) 9 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Chugi T. Ichikawa	FULL MAIDEN NAME	Mine Hayamiza
RESIDENCE	Parker	RESIDENCE	Parker Idaho
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Agriculture	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Sept 10 1922

W B West
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-221-022-855

PLACE OF BIRTH

RECEIVED
OCT 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of

No. St.

Hospital

Registration District No. 102 File No. 104757

Primary Registration District No. 6 Registered No. 128

FULL NAME OF CHILD Dorthy Hendrickson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	9-21-1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Grant Hendrickson	FULL MAIDEN NAME	Mildred Madeson Hendrickson
RESIDENCE	Ashton, Idaho	RESIDENCE	Ashton, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Tailor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C C Meacham
Phys.
(Physician or midwife)

Address Ashton, Ida

Filed 9-22 1922 C C Meacham
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICAT
CH CHILD AND THE SAME C

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Ashton
- Street:
- County: Fremont

File Number: 104757

Registration Dist. No.:

Date of Birth: Sept. 21 1922

Sex of Child: Female

Father: Grant Hendrickson
Full Name

Mother: Mildred Madison
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Dorthy Hendrickson
Child's Name in Full

Grant Hendrickson
Signature of Father ~~or Mother~~

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

454-206.022-154

County of Fremont

City of

No. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 4 1922

Registration District No. 102 File No. 104758

Primary Registration District No. 6 Registered No. 127

FULL NAME OF CHILD Marian Carol Dedman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	9-6-1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Claude Louis Dedman	FULL MAIDEN NAME	Alma Anderson
RESIDENCE	Drummond Ida	RESIDENCE	Drummond, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ill.	BIRTHPLACE	Tenn.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C C Meacham

Phys.
(Physician or midwife)

Address Ashton, Idaho

Filed 9-7-1922 C C Meacham
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC [illegible]

...MENT OF H...

Boise, Idaho, ... 192.2.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Drummond

Street: .....

County: Fremont

File Number: 104758

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: September 6 192.2.

Father: Claude Louis Dedman (Full Name)

Mother: Alma Anderson (Full Maiden Name)

HEREBY CERTIFY that the child described herein has been named:

Marian Carol Dedman
Child's Name in Full

Mrs. Louis Dedman
Signature of Father or Mother

MAR 2 3 1965

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

955-220-023136

PLACE OF BIRTH

RE [redacted]

SEP 15 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104759

County of Ada

City of Emmett — Registration District No. 4 — File No.

No. ____ St.

Primary Registration District No. ____ Registered No.

Hospital

FULL NAME OF CHILD Carol Jean Renner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	8 / 20 / 1922

FATHER	MOTHER
FULL NAME: William Emmett Renner	FULL MAIDEN NAME: Marjorie Elizabeth Alford
RESIDENCE: Emmett	RESIDENCE: Emmett
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Nebraska
OCCUPATION: Common Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4/20 P M. on the date above stated.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Filed 8/28 1922 J. L. Reynolds Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 11 1989

APR 18 1958

847-116-03-713

PLACE OF BIRTH

RECEIVED
SEP 15 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104760

County of Ada

City of Emmett

Registration District No. 6

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Pearl E. Hughes, Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	8 / 19 / 22

FATHER	MOTHER
FULL NAME Pearl Edward Hughes	FULL MAIDEN NAME Etna Patton
RESIDENCE Emmett	RESIDENCE Emmett Ada
COLOR White	COLOR W
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Idaho
OCCUPATION Labor (Very little)	OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 P. M. on the date above stated.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett

Filed 8/18 1922 J. L. Reynolds Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/6/40 L. B.

764-131-023-551

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of [illegible] Registration District No. 4 File No. 104761

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Leroy Emmett Gould

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Aug (Month) 31 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Gould	FULL MAIDEN NAME	Cecil M. Evans
RESIDENCE	Emmett Ida	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Conn.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O. Clark M.E.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 9/8 1922

[illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho;.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number 104761

Registration Dist. No. .....

Date of Birth .....192....

Sex of Child.....Male.....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Child's Name in Full

..... Signature of Father or Mother

JAN [illegible] 1947 17

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-203-023-563

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

RECEIVED SEP 20 1922 BUREAU OF VITAL

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. 1 File No. 104762

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Anna Jean Burdell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	9	3	1922

	FATHER	MOTHER
FULL NAME	William Farrell Burdell	Grace Noland
RESIDENCE	Emmett	Emmett
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Mo	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4-50P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Emmett

Filed 9/14 1922 J. L. Reynolds Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1956

JAN 15 1982

231-118.023-396

PLACE OF BIRTH

RECEIVED SEP 15 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 104763

County of Ada

City of Emmett

No. ____ St. ____ Registration District No. 9

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Frank Morgan Stanley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) 8 (Day) 18 (Year) 22
Male				Yes	

What bacteriolidal solution was used in eyes? Silver Nitrate 2%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Harry Cavendish Stanley	FULL MAIDEN NAME	Effie May Croley
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) J. A. Reynolds
(Physician or midwife)

Address Emmett

Filed 9/1/1922 J. A. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 7-23-57

PLACE OF BIRTH

462-213-004-432

County of Ada

City of Star

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 104764

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Elsalee Verna Mosman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	August 13, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Lee Frank Mosman	FULL MAIDEN NAME	Elsie Lavina McKie
RESIDENCE	Star, Idaho	RESIDENCE	Star, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Carrol, Iowa	BIRTHPLACE	Hopkins, Mo.
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:00 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) J. L. Reynolds

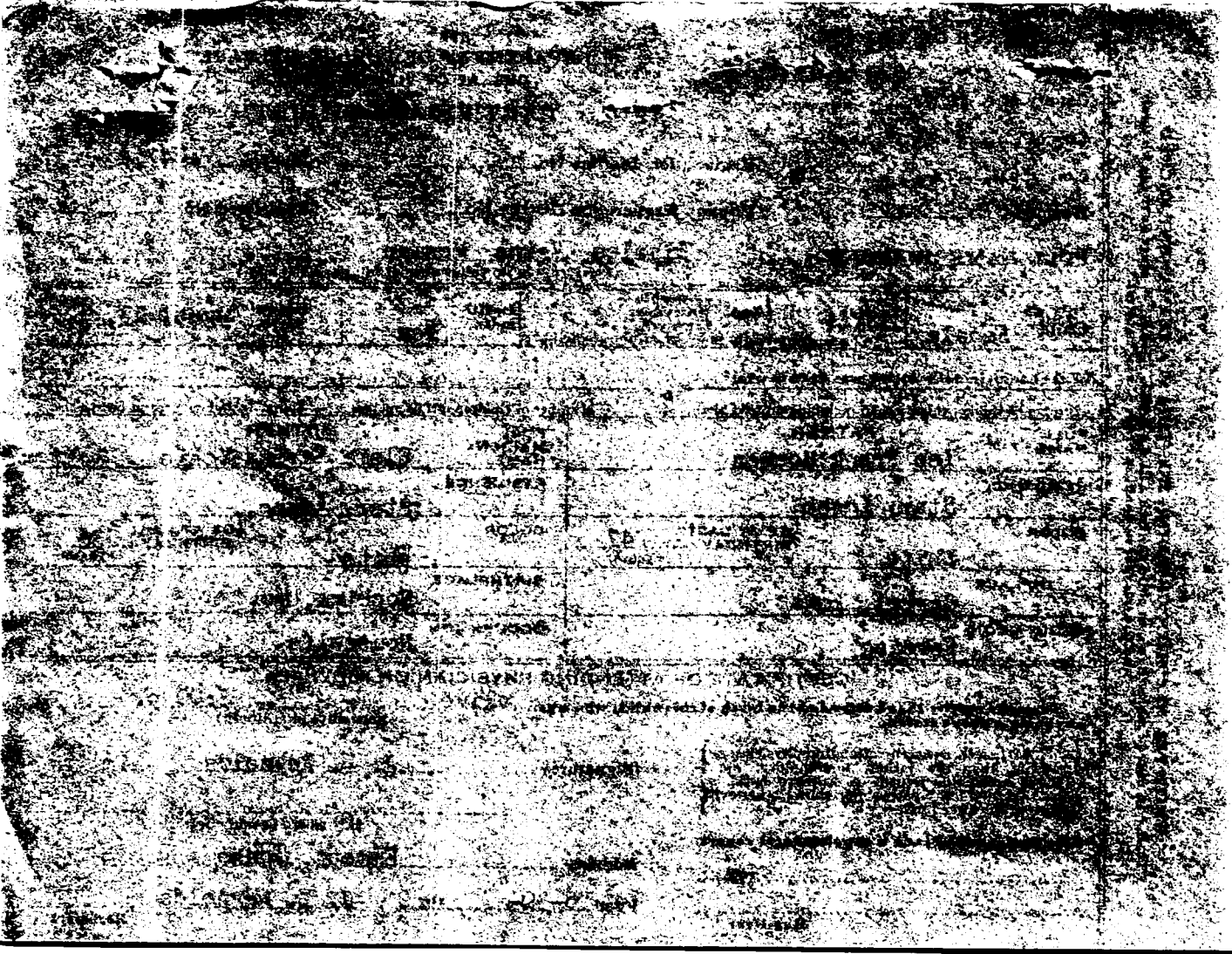
..... (Physician or midwife)

Address Emmett, Idaho

Filed 8-30- 1922 J. L. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 104764

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elsie Lee Mosman (Name on Original Certificate) who was born (Was Born or Died) on Aug. 13, 1922 (Date of Event)
in Star (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage License (Bible Record, Insurance Policy, Etc.) prepared on June 1942 (Give Date), are:
Cert. of Baptism May 27, 1942

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Elsie Lee Mosman	x Elsalee Verna Mosman

Viewed by V.S.

Subscribed and sworn to before me this 9th day of July, 1957.

Notary Public, residing at Nampa, Idaho
My commission expires Feb 24, 1960
(Seal)

Signed [signature] MD
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

111 E. Parton Wilkinson Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of July, 1957.

Notary Public, residing at Nampa Idaho
My commission expires Feb 24, 1960
(Seal)

Signed [signature]
(Signature of Any Credible Person)

411 E. Parton Wilkinson Idaho
(Street Address, City, State)

FORM DPH 55-165

958-205-023-853

[redacted]

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

[redacted] OF IDAHO
[redacted] OF VITAL STATISTICS

County of Gem

CERTIFICATE OF BIRTH

City of Emmett

Registration District No. 6

File No. 104765

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Marjorie Winifred Reynolds

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				yes	9 / 5 / 22

FATHER		MOTHER	
FULL NAME	Lewis H Reynolds	FULL MAIDEN NAME	Winifred Hick
RESIDENCE	Haynes Mont	RESIDENCE	Haynes Mont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Reynolds
(Physician or Midwife)

Given names added from a supplemental report.

____ 19____

Registrar

Address Emmett

Filed 9/5 1922 J. H. Reynolds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

1922 VITAL STATISTICS

Place of Birth — City: Emmett

Street: R. 1. Box 184

County: Gem

File Number: 104765

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Sept 5 192 2

Father: Lewis H. Reynolds (Full Name)

Mother: Ida Winifred Heck (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marjorie Winifred Reynolds
Child's Name in Full

Mrs Winifred Reynolds
Signature of Father or Mother

SEP 17 1874

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

437-216-023-294

PLACE OF BIRTH

RECEIVED
OCT 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Falk

No. ..... St.

Registration District No. 6

File No. 104766

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Loyd Kenneth McGee
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 8 (Day) 16 19 (Y
Boy.			

What bactericidal solution was used in eyes? ag nos 1%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Davie McGee	FULL MAIDEN NAME	Nora Simmons
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Emmett	BIRTHPLACE	Ilo Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds
(Physician or midwife)

Address Emmett Ida

Filed 9/2 1922 J L Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-1-41

JAN 2 1948

793-212-023-764

PLACE OF BIRTH

RECEIVED
OCT 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett R.D.

No. ..... St.

Registration District No. 6

File No. 104767

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Edna Pitman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9/12/1922

What bactericidal solution was used in eyes? Silver Nit 1% Sol

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Sidney Pitman	FULL MAIDEN NAME	Nellie Fern Gough
RESIDENCE	Emmett	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ida	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4-20 a
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Emmett

Filed 9/12 1922 J L Reynolds
Registrar

...than one child at birth a SEPARATE RETURN must be ... and the number of each, in order of birth stated.

APR 8 1944

814-208-023-693

PLACE OF BIRTH

RECEIVED
OCT 7 1922
BUREAU OF VITAL STATISTICS

[redacted] -25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. 4 File No. 104768

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Marjorie Dawn Hamilton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	9/8/22

FATHER		MOTHER	
FULL NAME	Oliver Burt Hamilton	FULL MAIDEN NAME	Phyllis Marie Williams
RESIDENCE	Emmett	RESIDENCE	Emmett - Ida
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Oklahoma	BIRTHPLACE	Mo
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 9 30, at 8 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Emmett

Registrar

Filed 9/8 1922 J. L. Reynolds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-127-023-557

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104770

County of Ada

City of Emmett

No. ..... St. ..... District No. 6 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Joseph Karl Mann
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	9/27/1922

What bactericidal solution was used in eyes? Silver Nit. 1% Sol.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Karl L. Mann	FULL MAIDEN NAME	Edith Engel
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Clerk	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9-45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Reynolds
(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 9/28/1922 J. A. Reynolds
Registrar.

MAY 26 1942

689-226-023-296

PLACE OF BIRTH

RECEIVED
OCT 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104771

County of Gem

City of Emmett

No. ..... St.

Registration District No. 6 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Wanda Jean White

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	9/26/1922

What bacteriolidal solution was used in eyes? 2 drops Nit 1%

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

	FATHER	MOTHER
FULL NAME	Alton Jack White	FULL MAIDEN NAME Sara Mae Brown
RESIDENCE	Emmett	RESIDENCE Same
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	23 (Years)
BIRTHPLACE	Minn.	Kans
OCCUPATION	Cigar Clerk	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds

(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 10/1 1922 J L Reynolds
Registrar.

and the number of each, in order of birth stated.

JAN 26 1987

APR 1 1 1989

249.211.073-29

PLACE OF BIRTH

RECEIVED
OCT 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104772

County of Gem

City of Emmett

No. ..... St.

Registration District No. 9

File No. .....

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Bettie Louise Burnham

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	9 / 11 / 1922

What bactericidal solution was used in eyes? Silver 1%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Edward Virgil Burnham	FULL MAIDEN NAME Silvia Stiffle
RESIDENCE Emmett	RESIDENCE Same
COLOR White	COLOR W
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Ida	BIRTHPLACE Colo
OCCUPATION Labor Common	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 9/11 1922 J. L. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-231-023-689

PLACE OF BIRTH

name added 11-3-81

County of Gem

City of Emmett

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 104773

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Mary Erma White
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8 31 192?

What bactericidal solution was used in eyes? Argos 1%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME John H White	FULL MAIDEN NAME Dora M Whitaker
RESIDENCE Emmett	RESIDENCE Emmett
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Winslow Ark.	BIRTHPLACE Dixon Wyoming
OCCUPATION General Labor	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10-30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 10/4 192? J. L. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-22-81

RECEIVED
OCT 05 1981
Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Bureau of Vital Statistics

Certificate No. 104773
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed White (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8-31-22 (Date of Event)

in Emmett (Gem) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	~~Irma Mary White~~ Mary Erma White

Subscribed and sworn to before me this 28th day of Sept, 1981

Notary Public, Grace Gruthaus
Residing at Rathdrum Id
My commission expires 11-4-83
(Seal)

Irma Mary Rosenberg
Signature of Applicant
RT4 BOX C-555 RATHDRUM, IDA 83858
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of Sept, 1981

Notary Public, Grace Gruthaus
Residing at Rathdrum Id
My commission expires 11-4-83
(Seal)

Verne A. White
Supporting Signature
RT4 BOX C-555 RATHDRUM, IDA 83858
Street Address, City, State

1cc pd

NOV 3 1981

Washington State Dept of Health Certificate of birth gives Myrna Elizabeth Thomas born 2-23-40 to Harry Thomas and MARY ERMA WHITE 17 years old born in Emmett. Viewed by V.S.

Cradle Roll Certificate gives Mary ERma White born 8-31-22 was accepted as a member of the Cradle Roll Deparment on 4-14-27. Viewed by V.S.

249-204-023-38 [illegible] 1922

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Tenn

City of Emmett

No. ..... St.

Registration District No. 6

File No. 104774

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Eunice Fleen Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	10/4 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Clay Smith	FULL MAIDEN NAME	Tilda C Thompson
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Clay Mound Kansas	BIRTHPLACE	Belmont N.D.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 50 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings
(Physician or midwife)

Address Emmett

Filed 10/6 1922 J. L. Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RAL REASONS WHY A CERTIFICATE OF
ACH CHILD AND THE SAME COMPLETED

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City Emmett - Idaho
Street South Wn Ave
County Gem

File Number 104774

Registration Dist. No.

Sex of Child Female

Date of Birth Oct 4 1922

Father Clay Smith
Full Name

Mother Tilda Carolina Thompso
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Eunice Ileen Smith
Child's Name in Full

Mrs Clay Smith
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

356-130-023-643

PLACE OF BIRTH

RECEIVED
OCT 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Registration District No. 4

File No. 104775

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Frank Leslie Leonard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	8 30 1922

What bactericidal solution was used in eyes? Ag no 3 1%

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Leslie B Leonard	FULL MAIDEN NAME	Hattie Fuchs
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Redcloud Kans	BIRTHPLACE	Denver Colo
OCCUPATION	Lumber jack	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings
(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

..... 192..

..... Registrar.

Filed 10/4 1924 J. L. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 104775

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on Aug. 30, 1922 (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Unnamed	Unnamed	Frank Leslie Leonard
~~Father Na~~		

Subscribed and sworn to before me this 20
day of October, 19 43
Pauline Ambrose
Notary Public, residing at Boise
My commission expires 4/4/47
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mrs Hattie Leonard
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 21 1943

OCT 20 1943

249-101-023-662

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Registration District No. 6

File No. 104776

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Robert Burlile
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	9 1 1922

What bactericidal solution was used in eyes? Agno3 1%

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Jas. Wilson Burlile	FULL MAIDEN NAME	Grace V Foster
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ohio	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cu[redacted]

Address Ei[redacted]

Filed 10/6 [redacted]

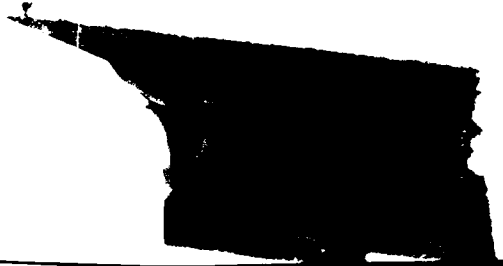
Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1942



DECEASED

249-117-023-652

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett [illegible] District No. 6 File No. 104777

No. ..... St. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Glen Ross Smith

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	9 17 1927

What bactericidal solution was used in eyes? 1% Agno3

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Martin H Smith	FULL MAIDEN NAME	Nancy Webb
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Murray Utah	BIRTHPLACE	Orderville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2.30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R A Cummings

(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 10/6 1927 J. A. Perry Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett

Street: .....

County: Gem

File Number: 104777

Registration Dist. No. .....

Date of Birth: Sept 17 1922

Sex of Child: Male

Father: Martin H. Smith (Full Name)

Mother: Nancy Webb Smith (Full Maiden Name)

RECEIVED JUN 27 1923 BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY that the child described herein has been named:

Glenn William Smith
Child's Name in Full

Mrs. Martin H. Smith
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

419-227-023-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

BUREAU OF VITAL STATISTICS

No. ..... St. ..... District No. 6 File No. 104778

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Wanda Martin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	9 27 1922

What bactericidal solution was used in eyes? 1% Ag no 3

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Geo. C. Martin	FULL MAIDEN NAME	Hazel F Brogan
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Marshall Co. Kans	BIRTHPLACE	Smith Co. Kans
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 50 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings
(Physician or midwife)

Address Emmett

Filed 10/6 1922 J. L. Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 3 1975

698-706 208-632

PLACE OF BIRTH

1922 DEPARTMENT [redacted] WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Horseshoe

No. ..... St.

Registration District No. 6 File No. 104779

Hospital ..... Primary Registration District No. 6 Registered No. .....

FULL NAME OF CHILD Martin Louis Frey

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	10 6 1922

What bacteriocidal solution was used in eyes? 1% Agno3

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	John A Frey	
FULL MAIDEN NAME		Anna Olsen
RESIDENCE	Horseshoe Bend	Horseshoe Bend
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Lucas Co Iowa	Horseshoe Bend Idaho
OCCUPATION	Schoolteacher	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 05 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P A Cummings

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 10/4 1922 J. L. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1923-112234

STATE

DEPARTMENT OF PUBLIC W... ...ARE

Boise, Idaho, May 18 1923

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED
... 18 1923
BUREAU OF VITAL STATISTICS

Place of Birth: City Horseshoe Bend
Street .....
County Boise

File Number 104779

Registration Dist. No. .....

Date of Birth Oct. 6 1922

Sex of Child Male

Father John Alvarez Fry
Full Name

Mother Anna Sophia Olsen
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Martin Louis Fry
Child's Name in Full

Mrs. John A. Fry
Signature of Father or Mother

JAN 23 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

893d24c023 494

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ____ St. ____ Registration District No. 4 File No. 104780

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Virginia Mae Hill

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and	2	yes	9 24 1922

What bactericidal solution was used in eyes? 1% Argno3

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

FATHER	MOTHER
FULL NAME Jettie B Hill	FULL MAIDEN NAME Loraine Brushwood
RESIDENCE Emmett	RESIDENCE Emmett
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Kellogg Iowa	BIRTHPLACE Van Wyck Ida
OCCUPATION Housewife Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 10 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

(Physician or [redacted])

Address Emmett

Filed 10/6 1922 J. L. Reynolds Registrar.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 192
BUREAU OF VITAL STATISTICS

DEPARTMENT

Boise, Idaho, January 6 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City Emmett
Street
County Gem

File Number 104780

Registration Dist. No.

Sex of Child Female

Date of Birth September 24 1923.

Father Jettie Benford Hill
Full Name

Mother Hattie Loreine Brushwood
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Virginia Mae Hill
Child's Name in Full

Mrs. Loreine Hill
Signature of Father or Mother

[redacted]

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

534-219-023-381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Registration District No. 4 File No. 104781

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lillian Hope Elmquist
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8 / 18 / 192 2

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Gustav Elmquist	FULL MAIDEN NAME Muriel Chapin
RESIDENCE Emmett	RESIDENCE Emmett
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Montpelier Ida
OCCUPATION Lumber Checker	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R R Cummings

(Physician or midwife)

Address Emmett

Filed 8/6 192 2 J. L. Reynolds
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-27-41

962-101-024-155

PLACE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFAR[redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104782

County of Gooding

City of Gooding

No. ..... Registration District No. 24 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Leo Samuel Roberts
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Aug (Day) 1 (Year) 1922
Boy		Yes	

What bactericidal solution was used in eyes? 10% Silvol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Samuel L Roberts	FULL MAIDEN NAME	Clara M Jenkins
RESIDENCE	Gooding Ida	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ill.	BIRTHPLACE	Texas
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M D
(Physician or midwife)

Address Gooding Ida

Filed 8-14 1922 F Cromwell
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 24 1942

712-102-024-915

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. R.F.D. St.

Registration District No. 24

File No. 104783

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Beryl Morton Passmore
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Aug 2 1922

What bactericidal solution was used in eyes? 10% Sol Silvol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Martin H Passmore	FULL MAIDEN NAME	Flossie B Ravinscroft
RESIDENCE	Tuttle Ida	RESIDENCE	Tuttle Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Indiana	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 5 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell MD
(Physician or midwife)

Address Gooding Ida

Filed 8-14 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH S
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE

- - - - - - - - - - -

Birth registration is part of every child's bir

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Gooding }

Certificate No. #104783
Date Filed 8-14-22

AUG 5 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Passmore (Name on original certificate) who was born (Was born or died) on Aug. 2nd, 1922 (Date of event)

in Tuttle, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true

facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Passmore	Beryl Morton Passmore
	Passmore	Beryl Morton Passmore

Subscribed and sworn to before me this 31st day of July 1941

Gilbert [illegible]
Notary Public, residing at Gooding

My commission expires Nov. 23-1944

[SEAL]

Signed Morton H Passmore.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Tuttle, Idaho (Father)
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....

My commission expires .....

[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

259-203-024-128

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104784

County of Gooding

City of Gooding

Registration District No. 24 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Mounce Ona Bernadine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 3 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Mounce	FULL MAIDEN NAME	Effie Ashlock
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F F Claymo

(Physician or midwife)

Given names added from a supplemental report.

19

Address Gooding Idaho

Registrar

Filed 8 - 11 - 1922 F F Claymo Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

RECEIVED
OCT 30
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

Street: California

County: Gooding

File Number: 104784

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Aug. 3, 1922.

Father: Fred Monnica (Full Name)

Mother: Effie Irene Ashlock (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Anna Bernadine Monnica
Child's Name in Full

Mrs. Fred Monnica
Signature of Father or Mother

AUG 14 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

695-211024-386

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104785

County of Gooding

City of Gooding

Registration District No. 24 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Bessie Virginia Winston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	Aug 11 1922

FATHER		MOTHER	
FULL NAME	W A Winston	FULL MAIDEN NAME	Myrtle Thornton
RESIDENCE	Gooding RFD	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	N.D.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L W Cary MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Gooding Idaho

Filed 8-11-1922

F F Cary MD
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

RECEIVED DEC 1 1922 BUR... VITAL

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Gooding; Street ..... County Gooding

File Number 104785

Registration Dist. No. .....

Date of Birth Aug. 11 1922

Sex of Child Female

Father William A. Winston (Full Name)

Mother Myrtle V Thornton (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Bessie Virginia Winston
Child's Name in Full

Mrs W. A. Winston
Signature of Father or Mother

MAR 16 1972

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

255-205-02x993

PLACE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

104786

County of Gooding

City of Gooding

Registration District No. 24

File No.

No. 1 St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Margaret Jane Bennett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Aug. 5 1922

	FATHER	MOTHER
FULL NAME	Eli J. Bennett	FULL MAIDEN NAME Alice Eulalia Ritchie
RESIDENCE	Hagerman	Hagerman
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	21 (Years)
BIRTHPLACE	Montana	Illinois
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) H. E. Lamb per a.z

(Physician or midwife)

Address Gooding Ida

Filed 9-2-1922 F. Kenyon Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

Street: Deaconess Hospital

County: Gooding

File Number: 104786

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Aug. 5 1922

Father: Eli J. Bennett (Full Name)

Mother: Alice Eulalie Ritchie (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margaret Jean Bennett (Child's Name in Full)

Mrs. E. J. Bennett (Signature of Father or Mother)

OCT 15 1948

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

296-112-024-455

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. -24 File No. 104787

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Earnest Ray Brown

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	yes.	Aug. (Month) 12 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence Brown	FULL MAIDEN NAME	Maggie Denny
RESIDENCE	Gooding, Idaho	RESIDENCE	Gooding
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:00 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb per A. Z

(Physician or midwife)

Given names added from a supplemental report.

19

Address Gooding, Idaho

Filed 9-2- 1922

Registrar

F T Cary MD

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

Place of Birth — Street: Michigan

Place of Birth — County: Gooding

File Number: 104787

Registration Dist. No.: Block 94.

Sex of Child: Male

Date of Birth: Aug. 12 192.2.

Father: Clarence J. Brown (Full Name)

Mother: Maggie M. Brown (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Earnest Ray Brown
Child's Name in Full

Mrs. Maggie M. Brown
Signature of Father or Mother

SEP 17 1973

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

84X-118-024-316

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Bl iss

No. ..... St.

Hospital .....

Registration District No. 24 File No. 104788

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Herbert Roland Humphrey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	X		X	yes	Aug. 18, 1922 (Month) (Day) 19 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herbert R. Humphrey	FULL MAIDEN NAME	Winifred Ruth Caffall
RESIDENCE	Bliss, Idaho	RESIDENCE	Bliss, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Illinois
OCCUPATION	Station agent	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 PM M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb per A. Z.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Gooding, Ida

Filed 9-2- 1922 F. T. Carymo

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE DEPARTMENT

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Oct

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bliss Idaho

Street:

County: Gooding

File Number 104788

Registration Dist. No.

Sex of Child: Male

Date of Birth Aug 18 1927

Father Herbert Roland Humphrey (Full Name)

Mother Winifred Ruth Cargall Humphrey (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Herbert Roland Humphrey, Jr.

Child's Name in Full

H R Humphrey

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

243-220-024-753

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24 File No. 104789

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Nasma Butler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	X		X	yes.	Aug. 20, 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Taylor K. Butler	FULL MAIDEN NAME	Thelma N. Peterson
RESIDENCE	Gooding, Ida	RESIDENCE	Gooding, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Verbryck per A. Z

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Gooding, Ida

Filed 9-2- 1922 F. T. Carey M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1948

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-131-024-818

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding Registration District No. 24 File No. 104790

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert William Cary

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Male				Yes	Aug	31	22

FATHER

FULL NAME W F Cary

RESIDENCE Gooding

COLOR White AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Wis

OCCUPATION Physician & Surgeon

MOTHER

FULL MAIDEN NAME Ida Clare Haney Cary

RESIDENCE Gooding

COLOR White AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W F Cary M.D.

(Physician or midwife)

Address Gooding Ida

Given names added from a supplemental report. 19....

Registrar

Filed 9-2- 19 22

W F Cary M.D.
Registrar

NOV 22 1971

133-20-025-38

PLACE OF BIRTH

OCT 3 1922

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Registration District No. 103 File No. 104791

Hospital

Primary Registration District No. 2181 Registered No. 45

FULL NAME OF CHILD David Henry Altman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	9-20-1922

What bactericidal solution was used in eyes? 2% Sol Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Henry George Altman	FULL MAIDEN NAME	Ada Chase
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Grangeville Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 6 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Chapman

Physician

(Physician or midwife)

Address Grangeville Ida

Filed Oct 1 1922 W. B. Stockton
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

203-025-659

BIRTH

RE... OCT 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

...ho
...arpester St.

Registration District No. 103 File No. 104792

...spital

Primary Registration District No. 2181 Registered No. 44

FULL NAME OF CHILD Glenna Pauline Weholt
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9 3 1922

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Selmer Weholt	FULL MAIDEN NAME	Flossie Ferguson
RESIDENCE	Harpster Ida	RESIDENCE	Harpster Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Ind
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Chipman
Physician
(Physician or midwife)

Address Grangeville Ida

Filed Oct 1 1922 G. S. Stockton
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANE...
N. B.—In case of more than one child at birth a SEPARATE RETURN mu... and the number of each, in order of birth stated.

SEP 1 8 1942

819-126-025-964

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104793

County of Idaho
City of Grangeville
No. ..... St.
Hospital .....

RE
OCT 1922
BUREAU OF VITAL STATISTICS

Registration District No. 103 File No. .....
Primary Registration District No. 2181 Registered No. 43

FULL NAME OF CHILD Don ~~Leroy~~ LeRoy Hazelbaker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	8-26-1922

What bactericidal solution was used in eyes? 2% Sol Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joseph Bryant Hazelbaker	FULL MAIDEN NAME	Margaret D. Rode ~~Marguerite Health~~
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Custer Co. Nebr.	BIRTHPLACE	Mercer Co. Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Chipman
Physician
(Physician or midwife)

Address Grangeville Ida

Filed Oct 1 1922 G S Stickman
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN [illegible] 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 104793

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		Don LeRoy
Mother's name	Heath	Margaret D. Rode

Subscribed and sworn to before me this 19
day of March, 1943.
H. Rothwell
Notary Public, residing at Grangeville
My commission expires 8-8-45
(Seal)

Signed Margaret Rode Hazelbaker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Idaho } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19
day of March, 1943.
H. Rothwell
Notary Public, residing at Grangeville Ida.
My commission expires 8-8-45
(Seal)

Signed Hugh Bowan
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 25 1943

345-218-025-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104

Registration District No. 103 File No. .....

Primary Registration District No. 2181 Registered No. .....

FULL NAME OF CHILD Elsie Irene Sangren
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	8-18-1922

What bactericidal solution was used in eyes? 2% Sol. Silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Nels Albert Sangren	FULL MAIDEN NAME	Amanda Nelson
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Chipman

Physician
(Physician or midwife)

Address Grangeville Ida

Filed Oct 1 1922 G S Stockton
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-K

JUL 24 1942

851-109-025-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ____ St. ____

Registration District No. 103 File No. 104795

Hospital ____ Primary Registration District No. 2181 Registered No. 40

FULL NAME OF CHILD Lawrence Wayne Heath
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Sept 9 1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Curt Heath	FULL MAIDEN NAME	Carrie May Wilkins
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) G. S. Stockton
(Physician ~~or midwife~~)

Address Grangeville Idaho

Filed Oct 1 1922 G. S. Stockton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington, } ss. JAN 28 1942 Certificate No. 104795

County of Yakima. Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Lawrence Heath (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on September 2, 1922 (DATE OF EVENT)

in Grangeville, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January 27, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Lawrence Heath, Lawrence	Wayne Heath

Subscribed and sworn to before me this 27th day of January, 19 42.

Dan A. Martin

Notary Public, residing at Yakima, Wash.,

My commission expires Jan 4-1945 (SEAL)

Signed Carrie Heath

(SIGNATURE OF PARENT ~~OR ATTENDANT~~ IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Route 6, Yakima, Washington.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington, } ss.

County of Yakima.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of January, 19 42.

Dan A. Martin

Notary Public, residing at Yakima, Wash.,

My commission expires Jan 4 1945 (SEAL)

Signed Curt Heath

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

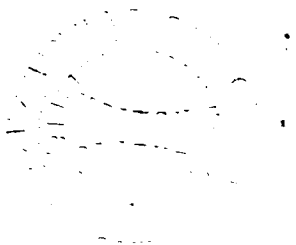
Route 6, Yakima, Washington.

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 28 1942 By

(REGISTRAR'S SIGNATURE)

FEB 2 1942



255-22-025-499

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104796

County of Idaho

City of Grangeville

No. ____ St.

Registration District No. 163 File No. ____

Hospital ____ Primary Registration District No. 2181 Registered No. 41

FULL NAME OF CHILD Margery Elouise Kindrick
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Sept 25 1922

What bactericidal solution was used in eyes? 10% Arg. Nit.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Wm Kindrick	FULL MAIDEN NAME	Bee Florence Mires
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wash,	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 9 55 P. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton
(Physician ~~or midwife~~)

Address Grangeville Ida

Filed Oct 1 1922 G. S. Stockton
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-104-025 -219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho RECEIVED OCT 5 1922 BUREAU

City of Grangeville

No. ..... St.

Registration District No. 103 File No. 104797

Hospital ..... Primary Registration District No. 2181 Registered No. 39

FULL NAME OF CHILD Lee William Burkenbine
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Sept 4 1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm J Burkenbine	FULL MAIDEN NAME	Iowa C Parks
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3-40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) G. S. Stockton
(Physician ~~or midwife~~)

Address Grangeville Idaho

Filed Oct 1 1922 G. S. Stockton Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AL REASONS WHY A CERTIFIC

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number 104797

Registration Dist. No. .....

Sex of Child Male

Date of Birth .....192....

Father ..... Mother .....
Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

291-121-025-295

PLACE OF BIRTH

RECEIVED
SEP 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. 104798

Primary Registration District No. 2184 Registered No. 29

FULL NAME OF CHILD Robert Russell Branstrom
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Aug 21 1922

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 21

FATHER		MOTHER	
FULL NAME	William Branstrom	FULL MAIDEN NAME	Minnie Kiele
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Michigan	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5.45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verberkmoes
Physician
(Physician or midwife)

Address Kooskia - Idaho

Filed Sept 1 1922 J M Verberkmoes
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

713 [redacted] 6-795

RECEIVED SEP 2 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104799

County of Jefferson

City of Rigby R.

No. ..... St.

Hospital .....

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 238

FULL NAME OF CHILD EDMOND DRUE PALMER

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Aug 20 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John E Palmer	FULL MAIDEN NAME	Emily Green
RESIDENCE	Shelton	RESIDENCE	same
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 15 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 9-10 1924 Ray H. Fisher
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 104799

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Edmond Drue Palmer (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Aug. 20, 1922 (DATE OF EVENT)
in Idaho Falls Route 1 (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on time of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Edmond Drue Palmer

Subscribed and sworn to before me this 21st
day of December, 19 42
Lucy M Larsen
Notary Public, residing at Menan, Idaho
My commission expires Dec. 12, 1943
(SEAL)

Signed John E Palmer
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Idaho Falls, Route No. 1.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. } ss.
County of Jefferson }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of December, 19 42
Lucy M Larsen
Notary Public, residing at Menan, Idaho.
My commission expires Dec. 12, 1943.
(SEAL)

Signed Emily Palmer
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Idaho Falls, Route No. 1.
(STREET ADDRESS, CITY, STATE)

Received for filing on DEC 23 1942 By
(REGISTRAR'S SIGNATURE)

DEC 24 1942

493-22-026-893

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Hospital Home

RECEIVED SEP 25 1922

STATE OF IDAHO
DEPARTMENT OF PUBL. WELFARE
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 104800

Primary Registration District No. 2176 Registered No. 239

FULL NAME OF CHILD WARREN HARDING DICKENS

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	June 29 22

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James E Dickens	Meda Hill
RESIDENCE	Rigby Ida	Rigby Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	28
BIRTHPLACE	New York City	Lewisville Ida
OCCUPATION	Blacksmith	Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Call MD

Rigby Ida
(Physician or midwife)

Address ____

Give names added from a supplemental report.

____, 192____

____
Registrar.

Filed 9-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Counter No.

City of

Registration District No.

File No.

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

Certificate of no value without full name of child

Name of child	Twin, triplet or other?	and	Number in order of birth	Legitimate?	Date of birth	

What bantaxiolite solution was used in eye?

Number of child

Number of children

Number of children

FATHER	MOTHER
FULL NAME	FULL MARRIED NAME
	SURGEON
	COLOR
AGE AT LAST BIRTHDAY	AGE AT LAST BIRTHDAY
	BIRTHPLACE
OCCUPATION	OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of the child above named.

Signature

Given name and of form a supplemental report.

Address

APR 6 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Los Angeles } ss.

Certificate No. 104800

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Warren Harding Dickens for Warren G. Harding Dickens (Name on Original Certificate) who was born (Was Born or Died) on June 29, 1922 (Birth or Death) (Date of Event) in certificate Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by L. D. S. Church Records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Warren Harding Dickens
Warren G. Harding Dickens		

Subscribed and sworn to before me this 18th day of September, 1944.

Notary Public, residing at Los Angeles, Cal.

My commission expires Oct. 6th., 1945 (Seal)

Signed James P. Dickens (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

1755 West 38th Street, Los Angeles, California (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
City and County of San Francisco } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of November, 1944.

Notary Public, residing at San Francisco, Calif.

My commission expires October 3, 1947 (Seal)

Signed Colonel W. Dickens (Signature of Any Credible Person)

340 Fourth Avenue, San Francisco 18, Calif. (Street Address, City, State)

AUG 30 1967

APR 1 1 1945

381-125-026-364

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 25 1922 BUREAU OF VITAL STATISTICS

County of Jefferson

City of Lewisville

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 104802

Registered No. 241

FULL NAME OF CHILD WILLIAM PHILLIP CHAMBERLIN
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	June 25 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	John Chamberlin	FULL MAIDEN NAME	Vera Lewis
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Adams Co. Mo.	BIRTHPLACE	Baton Wash
OCCUPATION	farmer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Ead MD

Rigby Ida
(Physician or midwife)

Give names added from a supplemental report.

Address .....

..... , 192....

Filed 9-10 1922 Ray K. Fisher
Registrar.

..... Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 104802

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Chamberlain	Chamberlin
Name	Unnamed	William Phillip Chamberlin

Subscribed and sworn to before me this 15th day of June, 1942

Mildred H. Shaw
Notary Public, residing at Tacoma - Wash.
My commission expires July 17 - 1943
(Seal)

Signed Mrs. John Chamberlin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. }
County of Pierce } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of June, 1942

John L. Gallagher
Notary Public, residing at Tacoma
My commission expires 12-1-45
(Seal)

Signed C. W. Newman
(Signature of Credible Person Other Than Previous Year)

1124 Pacific Tacoma, Wn
(Street Address, City, State)

JUN 17 1942

JUN 2 2 1942

319-117-026-313

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St. ..... Registration District No. 98 File No. 104803

Hospital home Primary Registration District No. 2176 Registered No. 242

FULL NAME OF CHILD Ross Call Larsen
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m		Yes	July 11 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ephraim Larsen	FULL MAIDEN NAME	Irene Call
RESIDENCE	Rigby Ida	RESIDENCE	Rigby Ida
COLOR	White AGE AT LAST BIRTHDAY 32 (Years)	COLOR	White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Malad City, Ut	BIRTHPLACE	Rigby Ida
OCCUPATION	Barber	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Rigby Ida.

Filed 9-10 1922 Ray H. Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

[illegible]ASONS WHY A CERTIF[illegible]

[illegible] SAME COM[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby

Street:

County: Jefferson

File Number: 104803

Registration Dist. No.:

Sex of Child: Male

Date of Birth: July 11 1922

Father: Ephraim Larsen (Full Name)

Mother: Irene Pearl Coall (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ross - Coall - Larsen

(Child's Name in Full)

Mrs. Irene Larsen

(Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

291-112-026-384

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104804

County of Jefferson
City of Popular
No. ..... St.
Registration District No. 98
File No. .....
Hospital home
Primary Registration District No. 2176
Registered No. 243

FULL NAME OF CHILD Perry Earl Brady
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m		Yes	July 12 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Gordon Perry Brady	FULL MAIDEN NAME	Sarah Christensen
RESIDENCE	Popular Ida	RESIDENCE	Popular Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Fairview Utah	BIRTHPLACE	Mt. Pleasant Ut.
OCCUPATION	farmer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call M.D.
(Physician or midwife)

Give names added from a supplemental report.

Address Rigby Idaho

....., 192....

Filed 9-10 1922 Ray H. Fisher
Registrar.

Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 7 1945

APR 25 1972

NOV 30 1953

168-120-026-412

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 25 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104805

County of Fremont

City of Ashton

No. ..... St.

Hospital Ida.

Registration District No. 98

Primary Registration District No. 176

File No. .....

Registered No. 244

FULL NAME OF CHILD Donal Dabell Johnson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m	and		Yes	July 20 1922

What bactericidal solution was used in eyes? 2% sol. Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Albert Johnson	FULL MAIDEN NAME Jennie Dabell
RESIDENCE	Ashton Ida	RESIDENCE Ashton Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	45	29
BIRTHPLACE	Salt Lake City	BIRTHPLACE Egin Ida.
OCCUPATION	Merchant	OCCUPATION Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. E. Bell M.D.

(Physician or midwife)

Address Ashton Idaho

Filed 9-10 1922 Ralph H. Friel

Registrar.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

In case of more than one child at birth a SEPARATE CERTIFICATE must be made for each and the number of each, in order of birth stated.

JAN 2 1 1943

MAR 2 3 1964

235-008-026-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Tennis

No. ..... St. Registration District No. 98 File No. 104806

Hospital home Primary Registration District No. 2176 Registered No. 240

FULL NAME OF CHILD Lloyd Walker Stephenson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 8 (Day) 8 (Year) 1922

What bactericidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lloyd Stephenson	FULL MAIDEN NAME	Elizabeth Walker
RESIDENCE	Rigby Ida	RESIDENCE	Rigby Ida
COLOR	White AGE AT LAST BIRTHDAY 19 (Years)	COLOR	White AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE	Rigby Ida	BIRTHPLACE	Bubee Ida
OCCUPATION	Laborer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Call MD
(Physician or midwife)

Give names added from a supplemental report.

..... , 192....

..... Registrar.

Address Rigby Idaho.

Filed 9-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL

STATE OF IDAHO

DEPARTMENT OF PU

.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number ..... 104806 .....

Registration Dist. No. .....

Date of Birth .....192....

Sex of Child.....

Father ..... Mother .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

- PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Fremont } ss.

RECEIVED
JUN 9 1964
Bureau of Vital Statistics

Certificate No. 104806

Date Filed 5/29/64

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Stephenson (Name on Original Certificate) who born (Was Born or Died) on August 8, 1922 (Date of Event)

in Annis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church (Bible Record, Insurance Policy, Etc.) prepared on Oct 1 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed	Lloyd Walker Stephenson

Subscribed and sworn to before me this 29th day of May, 1964

Notary Public, residing at St Anthony, Idaho

My commission expires 6-22-67

(Seal)

Signed Elizabeth Bunnell

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Glen E. Bunnell

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

L.D.S. Church Cert. of Birth, entered on record Oct. 1, 1922 gives full name as Lloyd Walker Stephenson, born Aug. 8, 1922 at Annis, Idaho to Lloyd Stephenson and Elizabeth Walker - viewed by V.S.

Notice of Separation from U.S. Naval Service, dated Nov. 10, 1945 gives full name as Lloyd Walker Stephenson, born Aug. 8, 1922 at Annis, Idaho - date of entry into active service-Oct. 22, 1942 - viewed by V.S.

JUN 24 1964

314-104-026-869

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104807

County of Jefferson

City of RIGBY

No. ..... St.

Registration District No. 98

File No. .....

Hospital home

Primary Registration District No. 176

Registered No. 247

FULL NAME OF CHILD Donald Roy Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	9 4 20 192

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Roy J. Campbell	FULL MAIDEN NAME	Leovial House
RESIDENCE	Rigby Ida	RESIDENCE	Rigby Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Heber Utah	BIRTHPLACE	Rigby Ida
OCCUPATION	Ins. Dist Mgr.	OCCUPATION	Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Call M.D.
(Physician or midwife)

Address Rigby Ida

Filed 9-10 1922 Roy H Fisher
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
OCT 23 1922
BUREAU OF VITAL STATISTICS

OF

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, October 20 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby

Street: Main

County: Jefferson

File Number: 104807

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Sept. 4 1922

Father: Roy J. Campbell (Full Name)

Mother: Leorial Campbell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Donald Campbell
Child's Name in Full

Roy J Campbell
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

631-224-026-213

PLACE OF BIRTH

RECEIVED SEP 25 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Registration District No. 98

File No. 104808

Hospital Home

Primary Registration District No. 2176

Registered No. 246

FULL NAME OF CHILD Helen Maxine Olaveson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
f		Yes	8/24/1922

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chris Olaveson	FULL MAIDEN NAME	Bertha Ballantyne
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Big Cottonwood Ut	BIRTHPLACE	Ogden Ut
OCCUPATION	Laborer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call Md
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Rigby Ida

Filed 9-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEV[illegible]

[illegible]TIFICATE O[illegible]

[illegible]COMPLETED

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Merna

Street:

County: Jefferson

File Number: 104808

Registration Dist. No.: 42

Sex of Child: Female

Date of Birth: August 24 192 2

Father: Carl Christian Clawson (Full Name)

Mother: Bertha Lee Countryman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Helen Maxine Clawson.

Child's Name in Full

Bertha Clawson.

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

365-203-026-995

County of Jefferson

City of

No. St.

Hospital home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 25 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 104809

Primary Registration District No. 2176 Registered No. 248

FULL NAME OF CHILD Margaret Ellen Love
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
f		Yes	9/3/22

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John F. Love	FULL MAIDEN NAME	Veda Ringle
RESIDENCE	Labelle	RESIDENCE	White
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kaysville ret	BIRTHPLACE	Redlands California
OCCUPATION	farmer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Call M.D.

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Rigby Ida.

Filed 9-10 1922 Ray H. Fisher
Registrar.

WHY A CERTIFICATE OF BIRTH S
HE SAME, C PLETED WITH

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Labelle

Street: Rigby Route 3

County: Jefferson

File Number: 104809

Registration Dist. No.: Rigby

Sex of Child: Female

Date of Birth: September 3 1922

Father: John Hugh Love (Full Name)

Mother: Veda Mae Ringle (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margaret Ellen Love

Child's Name in Full

Mrs. John Love

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

345-225-026-462

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104810

County of Jefferson

City of Lewisville

No. ..... St. Registration District No. 98 File No. .....

Hospital home Primary Registration District No. 2176 Registered No. 249

FULL NAME OF CHILD Mary Arleine Lundquist
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Aug (Day) 25 (Year) 1922
F		Yes	

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Roy Lundquist	FULL MAIDEN NAME	Marie Moses
RESIDENCE	Lewisville Ida	RESIDENCE	Lewisville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Lobelle Ida	BIRTHPLACE	Taylorville Utah
OCCUPATION	Farmer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Call M.D.
(Physician or midwife)

Address Rigby Ida.

Filed 9-10 1922 Ray H. Fisher
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC [illegible]

Boise, Idaho, Dec. 19, 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Lewisville Ida

Street:

County: Jefferson

File Number: 104810

Registration Dist. No.: X

Sex of Child: Female

Date of Birth: August 26, 1922

Father: Frank R. Lundquist (Full Name)

Mother: Edith Marie Moser (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Arlene Lundquist

Child's Name in Full

Frank Royal Lundquist

Signature of Father or Mother

FEB 7 1947

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

468-22-026-339

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104811

County of Jefferson

City of

No. [illegible] St.

Registration District No. 98 File No.

Hospital Home Primary Registration District No. 2176 Registered No. 250

FULL NAME OF CHILD Elda Pearl Morgan
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) 192 (Year)
F		Yes	8/24/22

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clark Trevor Morgan	Pearl McClung
RESIDENCE	Rigby, Ida.	Rigby
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	25
BIRTHPLACE	Brigham City, Utah.	Vega Ida
OCCUPATION	R.R. Clerk	Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) C. F. Call M.D.
(Physician or midwife)

Address Rigby Ida.

Filed 9-10 192 Rdy H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED APR 8 1975 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
City and County of San Francisco } ss.

Certificate No. 104811

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Morgan (Female) (Name on Original Certificate) who was born (Was Born or Died) on 8/24/22 (Date of Event)

in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Elda Pearl Morgan
c		

Subscribed and sworn to before me this 30th day of July, 1974

Signed X Minnie Verona Sivertsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (aunt)

Notary Public residing at San Francisco, Ca.
My commission expires October 17, 1975
(Seal)

NOTARY PUBLIC - CALIFORNIA
CITY & COUNTY OF SAN FRANCISCO
My Commission Expires October 17, 1975

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of San Francisco } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of December, 1973

Signed Ruby M. Gifford Aunt
(Signature of Any Credible Person)

Notary Public residing at Walnut Creek, Ca.
My commission expires December 22, 1977
(Seal)

NOTARY PUBLIC - CALIFORNIA
CITY & COUNTY OF SAN FRANCISCO
My Commission Expires November 22, 1977

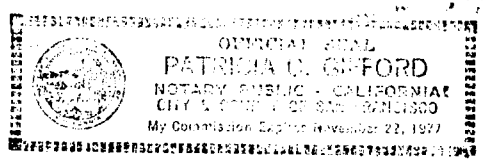
P.O. Box 521, Wilder, Ida 83676
(Street Address, City, State)

FORM DH 8/21/72 mm

Transcript of Registration from California gives name as Mrs. Elda P. Coupland residence, 1117 Ptarmingan Drve #1 Walnut Creek, Calif. Precinct 40A dated Feb. 19, 1970. viewed by V. S.

APR 22 1975

Certif. of Church Membership gives name as Elda Pearl Coupland (Morgan) to the Mission Lutheran Church. of the deaf. dated Dec. 31, 1961. viewed by V. S.



464.128.026-381

PLACE OF BIRTH

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104812

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 251

Hospital .....

FULL NAME OF CHILD Charles Otis Lemon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Aug 28 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thos. E Doman	Ada Chandler
RESIDENCE	Rigby	same
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	38
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5-10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

(Signature) Ray H. Fisher
(Physician or midwife)

Address Rigby

Filed 9-10 1922 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED OCT 28 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby

Street: R.F.D.

County: Jefferson

File Number: 104812

Registration Dist. No. .....

Sex of Child: Male X

Date of Birth: August 28 192.2.

Father: Thomas Edward Doman (Full Name)

Mother: Ada O. Chandler (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charles Otis Doman

Child's Name in Full

Ada Chandler Doman

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-229-026-319

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

RECEIVED SEP 25 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Lorenzo

No. ..... St.

Hospital .....

Registration District No. 98 File No. 104813

Primary Registration District No. 2176 Registered No. 252

FULL NAME OF CHILD Georgia Williams

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 29 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lavern E Williams	FULL MAIDEN NAME	Elvina Carpenter
RESIDENCE	Lorenzo	RESIDENCE	same
COLOR	W AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 30 A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 9-10 1922 Ray H Fisher Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

955-108-026-243

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 28 1922

CERTIFICATE OF BIRTH

104814

County of Jefferson

City of Rexburg

No. ..... St.

Registration District No. 48

File No. .....

Hospital .....

Primary Registration District No. 2196

Registered No. 253

FULL NAME OF CHILD Wallace Reed

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	(To be answered only in event of plural births)	6	yes	June 8 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Wm Reed	Myrtle Buck
RESIDENCE	Rexburg	Rexburg Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	36
BIRTHPLACE	Kans	Idaho
OCCUPATION	Merchant	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) .....

(Physician or midwife)

Address .....

Filed 9-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1942

154-104-026-259

PLACE OF BIRTH

RECEIVED SEP 25 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104815

County of Jefferson

City of Ririe

No. ..... St.

Registration District No. 98 File No. .....

Hospital ..... Primary Registration District No. 2176 Registered No. 254

FULL NAME OF CHILD Donald B Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	—		—	Yes	June 4 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chase Anderson	FULL MAIDEN NAME	Myrtle F Bergman
RESIDENCE	Ririe Idaho	RESIDENCE	Ririe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Lumber Dealer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Ririe Idaho

....., 19....

Filed 9-10 1922 Ray H Fisher
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1942

419-112-026-982

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104817

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 78 File No. .....

Hospital ..... Primary Registration District No. 2-11-6 Registered No. 258

FULL NAME OF CHILD Samuel Lee Marler

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	—	and —	Yes	July 12 192 2

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Tom Marler	Ida Pepper
RESIDENCE	Rigby Ida	Rigby Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	No (Years)	23 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Auto Mechanic	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T Price

Physician

(Physician or midwife)

Address Rigby Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 9-10 192 2 Ray H Drake
Registrar.

VITAL

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby

Street: .....

County: Jefferson

File Number: 104817

Registration Dist. No. .....

Date of Birth: July 12 192 2

Sex of Child: Male

Father: Lorain J. Marler (Full Name)

Mother: Gilla Rupert (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Samuel George Marler (Child's Name in Full)

Gilla R. Marler (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

851-116-026-57 Not Named

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 104818

Hospital ..... Primary Registration District No. 2176 Registered No. 257

FULL NAME OF CHILD John Emmery Heach
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Boy	✓		✓	Yes	July	16	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Hover D Heach	FULL MAIDEN NAME	Christine Egan
RESIDENCE	Rigby Idaho	RESIDENCE	Rigby Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Rigby Ida

Filed 9-10 1922 Roy H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City .....
- Street .....
- County Commerce

File Number .....104818.....

Registration Dist. No. .....

Sex of Child .....Male.....

Date of Birth 15 July 1922

Father Grover Heath
Full Name

Mother Christie Egan
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

John Emmery Heath
Child's Name in Full

Mrs Grover Heath
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

754-129-026-249 amend childs name 12-10-85 dl

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 25 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rirea

No. ..... St.

Registration District No. 98 File No. 104819

Hospital ..... Primary Registration District No. 217 Registered No. 259

FULL NAME OF CHILD Wayne Dabell Frank Wayne Pederson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		C	Yes	June 19 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Frank Pederson	Mary Burch
RESIDENCE	Rirea Ida	Rirea Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Wis	Wis
OCCUPATION	Town Marshall	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at noon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T Price

Physician

Address Rirea Ida

Filed 9-10-1922 Ray H Smith Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-3-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
DEC 9 1985

State of _____
County of _____ } ss.

Certificate No. 104819
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Frank Wayne Pederson (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 29, 1922 (Date of Event) in Ririe(Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Frank Wayne Pederson	Wayne Dabell Pederson

Subscribed and sworn to before me this 6th day of December, 1985

Notary Public, Kathrine J. Taylor

Residing at 114 Water, Henderson, NV 89015

My commission expires 7-3-89

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
KATHRINE J. TAYLOR
My Appointment Expires July 3, 1989

x Wayne D Pederson
Signature of Applicant

x 1100 N. Center ST. APT. 1716 Henderson
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Blessing from LDS Church gives Wayne Dabell Pederson born June 29, 1922 at Ririe to Frank Anthon Pederson and Mary Ann Smith was blessed Aug 6, 1922. Viewed by V.S.

Certificate of Birth from Nevada lists Thelma Ann Pederson born May 21, 1949 in Boulder City, Nvevada to Wayne Dabell Pederson. Viewed by V.S.

DEC 10 1985

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 318-109-026-694

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 2[illegible] 19[illegible] BUREAU OF VITAL STA[illegible]

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 95 File No. 104821

Primary Registration District No. 2076 Registered No. 273

FULL NAME OF CHILD Max Alvin Taylor

Sex of Child M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 9 (Month) – 9 (Day) 19 22 (Year)

FATHER		MOTHER	
FULL NAME	George Alvin Taylor	FULL MAIDEN NAME	Fern Wrede
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 9-10 1922 Ray H. Fisher
Registrar.

Registrar.

Certified Copy issued Feb. 26, 1941. E.W.

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby

Place of Birth — Street: .....

Place of Birth — County: Jefferson

File Number: 104821

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Sept. 9 192.2

Father: Geo. Alvin Taylor (Full Name)

Mother: Fern Wride (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mae Alvin Taylor

Child's Name in Full

Mrs Fern Taylor

Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-130-8

PLACE O[redacted]

STATE OF IDAHO
[redacted]MENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 20 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rohee

No. ..... St.

Hospital .....

Registration District No. 48 File No. 104822

Primary Registration District No. 2116 Registered No. 272

FULL NAME OF CHILD Raymond Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	2		2	Yes	July 30 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ray A Smith	FULL MAIDEN NAME	Lillian Burkhart
RESIDENCE	Ririe Idaho	RESIDENCE	Ririe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Ririe Idaho

Filed 9-10 1922 Ray A Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-20-41

[redacted]

APR 26 1958

238-216-026-485

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 25 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104823

County of Jefferson

City of Rigby R. E.

No. ..... St.

Registration District No. 98 File No. .....

Hospital ..... Primary Registration District No. 2176 Registered No. 271

FULL NAME OF CHILD Ruth Schluter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	L		a	Yes	May 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Herman Schluter	FULL MAIDEN NAME	Margie Myers
RESIDENCE	R2 Rigby Idaho	RESIDENCE	Rigby Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Germany	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was after, at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evi-

(Signature) Sam F Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Ririe Idaho

Filed 9-10 1922 Ray H Fisher
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1969

966-131-026-449

PLACE OF BIRTH

RECEIVED SEP 25 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 104824

Registered No. 270

FULL NAME OF CHILD ~~Floyd J. Rowe~~ Stan Jr. Rowe
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	4		4	Yes	Mar 31 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1st

Number of child of this mother now living, including present birth one

FATHER		MOTHER	
FULL NAME	Floyd J. Rowe	FULL MAIDEN NAME	Lillian McDurrant
RESIDENCE	R. S. Rigby Idaho	RESIDENCE	R. S. Rigby Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wyo	BIRTHPLACE	Wyo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Address Rexburg Idaho

Filed 7 10 1922 Ray H Fisher
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

914-107-026-279 not Married

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 104825

Hospital ..... Primary Registration District No. 2176 Registered No. 269

FULL NAME OF CHILD Grant Daniel Radford
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	—		—	—	June 7 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Ted A Radford	FULL MAIDEN NAME	Martha Spraker
RESIDENCE	Rigby Idaho	RESIDENCE	Rigby Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rigby Idaho

Filed 9-10 1922 Roy H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASON
FOR EACH CHILD

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Jefferson

File Number 104825

Registration Dist. No. 13

Sex of Child Male

Date of Birth June 7 1922

Father Geo. H. Radford (Full Name)

Mother Martha E. Strachan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Grant Daniel Radford (Child's Name in Full)

Geo. H. Radford (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

318-117-026-867 not named

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. Name added 4-11-79 St.

Registration District No. 98 File No. 104826

Hospital

Primary Registration District No. 2176 Registered No. 268

FULL NAME OF CHILD Gordon Hoggan Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	—		—	—	May 17 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Lester Taylor	FULL MAIDEN NAME	Maggie Hoggan
RESIDENCE	Rigby Idaho	RESIDENCE	Rigby Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6, P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Address Ririe Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 4-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 11 4 17 PM '79

State of _____ } ss.
County of _____ }

Certificate No. 104826
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Taylor (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 17, 1922 (Date of Event)

in Jefferson (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnmaed	Gordon Hoggan Taylor

Subscribed and sworn to before me this 11th day of April, 1979.

Notary Public Florence Cartright
Residing at Boise
My commission expires Perpetual
(Seal)

Gordon W. Taylor
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Supporting Signature

Honorable Discharge for Gordon Hoggan Taylor gives name as indicated. shows he was born May 17, 1922, in Rigby, Idaho. Dischared October 19, 1945. Issued by the United States Navy.
Viewed by V.S.

Statement regarding family gives name as Gordon Hoggan Taylor born to Lester Taylor and Margaret Hoggan. Gordon was born in Rigby, Idaho on May 17, 1922.
Viewed by V.S.

168-209.026-236 not named

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rexie

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 104827

Registered No. 267

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	✓		✓	Yes	July 9 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Wm. Johnson	FULL MAIDEN NAME	Lillian Scott
RESIDENCE	Antelope Idaho	RESIDENCE	Antelope Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Rexie Idaho
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rexie Idaho

Filed 9 10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-202-026-753

PLACE OF BIRTH

RECEIVED SEP 2[illegible] BUREAU [illegible] ST[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104828

County of Jefferson

City of Rifle

No. ..... St.

Registration District No. 98 File No. .....

Hospital .....

Primary Registration District No. 2176 Registered No. 266

FULL NAME OF CHILD Clayton Cromwell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓		✓	Yes	Aug 2 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Leo Cromwell	FULL MAIDEN NAME	Pearl Peterson
RESIDENCE	Twin Idaho	RESIDENCE	Twin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ill	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rifle Idaho

Filed 9 10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1942
DEC 9 1942

JAN 30 1945

815-101-026-966

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 25 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rexie

No. ..... St.

Registration District No. 98

File No. 104829

Hospital

Primary Registration District No. 2176

Registered No. 265

FULL NAME OF CHILD Robert Kenneth Hanson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	—		—	—	June 1 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Gustave Hanson	FULL MAIDEN NAME	Isabelle DeRoine
RESIDENCE	Alpine Idaho	RESIDENCE	Alpine Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Ill
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Address Rexie Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 9-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 11, 1940. D.W.

APR 3 1944

683-103-026-369

PLACE OF BIRTH

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104830

County of Jefferson

City of Rigby

No. ..... St.

Hospital

Registration District No. 48

Primary Registration District No. 2176

File No.

Registered No. 264

FULL NAME OF CHILD Richard Tyler

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	— and —	1	Yes	Aug 3 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm W Tyler	FULL MAIDEN NAME	Richa Conrell
RESIDENCE	Rigby Idaho	RESIDENCE	Rigby Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4' 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Sam T Price

Physician

(Physician or midwife)

Address Rexburg Idaho

Filed 9-10 1922 Ray K Fisher Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

093-130-026-363 (Be sure the information is complete and accurate)

Amended 9-18-67

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 104831
Local Reg. No. 263
Reg. Dist. No. 98

1. PLACE OF BIRTH

a. COUNTY: Jefferson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ririe

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Jefferson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ririe

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Ancel b. (Middle): Coles c. (Last): Killian

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Boy	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	June 30, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Earl b. (Middle): H. c. (Last): Killian

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
34 YEARS	Utah	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Sarah b. (Middle): c. (Last): Coles

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
29 YEARS	Idaho	3	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Sam F. Price, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Ririe, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 9-10-1922

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria ma[illegible]

OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUL 26 1967 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 104831

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Wallace Killian (Name on Original Certificate) who was born (Was Born or Died) on June 30, 1922 (Date of Event)

in Ririe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Wallace Killian	Ancel Coles Killian

Subscribed and sworn to before me this 24th day of July, 19 67

Arlene Walker

Notary Public, residing at Idaho Falls, Idaho

My commission expires Aug. 5, 1968

(Seal)

Signed Ancel Killian

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #2 Lewisville, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonn }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of July, 19 67

Arlene Walker

Notary Public, residing at Idaho Falls, Idaho

My commission expires Aug. 5, 1968

(Seal)

Signed Elsie Killian

(Signature of Any Credible Person)

Lewisville, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 11-3-66. nm

Marriage License and Certifi ate, State of Utah, County of Salt Lake, married May 20, 1942 gives full name of groom as Ancel Coles Killian and full name of ~~bride~~ bride as Lois Bowles - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, Aug. 1, 1931 gives full name as Ancel Cole Killian, son of Henry Earl Killian and Sarah Jane Coles, born June 30, 1922 at Milo, Idaho - viewed by V.S.

367-113-026-152 not named

PLACE OF BIRTH

RECEIVED SEP 25 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 104832

Hospital ..... Primary Registration District No. 2176 Registered No. 262

FULL NAME OF CHILD Harry Copeland
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	L		L	Yes	July 13 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	D. V. Copeland	FULL MAIDEN NAME	Tirey Ankrum
RESIDENCE	Rigby Idaho	RESIDENCE	Rigby Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ran	BIRTHPLACE	Ran
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam H Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Rigby Idaho

Filed 9-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, Oct 19 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number 104832

Registration Dist. No. .....

Date of Birth July 13 1922

Sex of Child Male

Father Daniel V. Copeland (Full Name)

Mother Gertie Anderson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Harry Copeland (Child's Name in Full)

Mrs Gertie Copeland (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

571-109-026-685

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 25 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby R.D.

No. ..... St.

Registration District No. 48

File No. 104833

Hospital .....

Primary Registration District No. 2176

Registered No. 261

FULL NAME OF CHILD Gerald Egan

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	✓		✓	Yes	July 9 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Howard Egan	FULL MAIDEN NAME	Mary E Wheeler
RESIDENCE	Rigby Idaho	RESIDENCE	Rigby Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T Price

Physician

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Rigby Idaho

Filed 9-13 1922 Roy H Fisher

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 8 1972

693-116-026-213

PLACE OF BIRTH

RECEIVED
SEP 25 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104834

County of Jefferson

City of Rigby

No. ..... St. Registration District No. 98 File No. .....

Hospital ..... Primary Registration District No. 2176 Registered No. 260

FULL NAME OF CHILD Wanda Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	✓		✓	YES	June 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Elmer H Williams	FULL MAIDEN NAME	Verda H Ball
RESIDENCE	Rigby Idaho	RESIDENCE	Rigby Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rigby Idaho

Filed 4-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 16

595-205-026815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Registration District No. 98 File No. 104835

Hospital ..... Primary Registration District No. 2176 Registered No. 236

FULL NAME OF CHILD VERDA NIELSEN
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day)
Female		yes	7-5-[redacted]

What bactericidal solution was used in eyes? 2% Silver Nitrate

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Elbert Nielsen	FULL MAIDEN NAME	Ida Hanson
RESIDENCE	Country	RESIDENCE	Country
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. A. (Born alive or stillborn), at 1:25 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos D Moody

M D
(Physician or midwife)

Address Menan

Filed 8-10 1922 Ray H. Fisher
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 23 1967

[redacted]

356-223-226-879

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 24 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104836

County of Jefferson

City of Menan

No. ..... St.

Registration District No. 98

File No. .....

Hospital .....

Primary Registration District No. 2176

Registered No. 234

FULL NAME OF CHILD Susan Lewis

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female			yes	July	22	1922

What bactericidal solution was used in eyes? Silver Nit

Number of child of this mother, including present birth 3

Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Wilford Lewis	Myrtle Kerrop
RESIDENCE	Menan	Menan
COLOR	White	White
AGE AT LAST BIRTHDAY	25 (Years)	30 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. **on the date above stated.**

(Signature) Chas S Moody MD

(Physician or midwife)

Address Menan

Filed 8-10 1922 Ray H Fisher

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Menan

Street: .....

County: Jefferson

File Number: 104836

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: July 23rd 1922

Father: Wilford John Lewis
Full Name

Mother: Myrtle Harrop
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Leon Lewis
Child's Name in Full

Wilford J. Lewis
Signature of Father or Mother

SEP 1 1 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

266-111-026-314

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 2 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104837

County of Jefferson

City of Menan

No. ..... St.

Registration District No. 98 File No. .....

Hospital .....

Primary Registration District No. 2176 Registered No. 230

FULL NAME OF CHILD Edward Earl Bowman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) 19
Male		Yes	7 11 19

What bactericidal solution was used in eyes? Silver Nitrate 70/4

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Wm E Bowman	FULL MAIDEN NAME	Zina Campbell
RESIDENCE	Country	RESIDENCE	Country
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B A (Born alive or stillborn), at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody

MM (Physician or midwife)

Address Menan

Filed 8 10 1922 Ray H Fisher
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 1959

APR

312-130-026-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Registration District No. 98 File No. 104838

Hospital ..... Primary Registration District No. 2176 Registered No. 233

FULL NAME OF CHILD Edwin Arthur Casper
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	7 30 1922

What bactericidal solution was used in eyes? Silver Nit 2%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Alma E Casper	FULL MAIDEN NAME	Lucy Sellers
RESIDENCE	Country	RESIDENCE	Country
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 13 9 (Born alive or stillborn), at 10 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Menan

Filed 5-10 1922 Ray K Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

APR 1 9 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Monroe

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 104839

Registered No. 232

FULL NAME OF CHILD FRED RAY GEYER

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	8 5 1922

What bactericidal solution was used in eyes? Silver Nit 2/0

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Charles E Geyer	FULL MAIDEN NAME	Clara B Dunn
RESIDENCE	Country	RESIDENCE	Country
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ohio	BIRTHPLACE	Mississippi
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. A., at 9 45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody MD

(Physician or midwife)

Address Monroe

Filed 8 10 1922 Ray H Fisher

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

236-110-026-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG ... BUREAU ... STATISTICS

CERTIFICATE OF BIRTH 104840

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 237

FULL NAME OF CHILD LOUIS SCOTT
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			7 10 1922

What bactericidal solution was used in eyes? AgNO6

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Louis Scott	FULL MAIDEN NAME	Phyllis Lott
RESIDENCE	Country	RESIDENCE	Country
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Phyllis Lott	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Menan

Filed 8-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-102-026-766

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED AUG 21 1922 BUREAU OF VITAL STATISTICS

104841

County of Jefferson

City of Menan

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 224

Hospital

FULL NAME OF CHILD Ray D. Fell

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 6 (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Herbert Fell	FULL MAIDEN NAME	Jennie Poole
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B A (Born alive or stillborn) at 205 A M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody
M D
(Physician or midwife)

Given names added from a supplemental report.

19

Address Menan

Filed 8-10 1922 Ray H Fish
Registrar.

Registrar.

STATE DEPARTMENT
DEPARTMENT OF STATE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho,.....192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number .....104841.....

Registration Dist. No. .....

Date of Birth .....192..

Sex of Child.....Male.....

Father ..... Mother .....

Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-123-[illegible]-667

PLACE OF BIRTH

[illegible] 7-26-19

DEPARTMENT OF [illegible]

RECEIVED AUG 21 [illegible]

County of [illegible]

City of [illegible]

Registration District No. 98 File No. 104842

No. ..... St.

Primary Registration District No. 2176 Registered No. 223

Hospital .....

FULL NAME OF CHILD Harry Willard Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6 23 1922

FATHER		MOTHER	
FULL NAME	Emmet O Smith	FULL MAIDEN NAME	Esther L Fox
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B A L at 8:15 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Menan

Filed 8-10 1922 Ray H Fisher

Registrar. Registrar.

JUL 8 1970

MAR 2 1942

795-21-026-213

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104843

County of Jefferson

City of Menan

No. ..... St.

Registration District No. 98 File No. .....

Hospital ..... Primary Registration District No. 2176 Registered No. 231

FULL NAME OF CHILD Betty Lee Green

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female			Yes	Aug	20	1922

What bactericidal solution was used in eyes? Silver Nit

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Austin M Green	FULL MAIDEN NAME	Rachel G Galloway
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.B. (Born alive or stillborn) at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody MD

(Physician or midwife)

Address Menan

Filed 8-10 1922 Ray H Fisher

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

STATE OF IDAHO

DEPARTMENT OF [illegible] IC WELFARE

NOV 23 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 19..

Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Menan

Street: .....

County: Jefferson

File Number: 104843

Registration Dist. No.: 42

Sex of Child: Female

Date of Birth: Aug. 11th 1922.

Father: Justin Monroe Green (Full Name)

Mother: Julina Ballantyne (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Betty Lu Green
Child's Name in Full

J. M. Green
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

...ELFARE
...ICS
...RTH

104845

...e No. .....

No. ..... St. .....

Hospital ..... Primary Registration District No. 216 Registered No. 258

FULL NAME OF CHILD Wayne McGuire

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			1	Yes	Aug. 7 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Orville McGuire	Virginia Potter
RESIDENCE	Joseph Ida	Joseph Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	19
BIRTHPLACE	Mo	Utah
OCCUPATION	Rancher	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T Price

Physician

(Physician or midwife)

Address Kerr Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 9-10 1922 Ray H Finch

Registrar.

NOV 17 1941

[redacted]

SEP 2 2 1941

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P462- [redacted] 213

Form V. S. No. 11-C--25m-7-21-19

RECEIVED SEP 25 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 104846

No. ..... St.

Primary Registration District No. 217

Registered No. 239

Hospital .....

FULL NAME OF CHILD Wayne Mount Frank Rose

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	July 29 1922

FATHER		MOTHER	
FULL NAME	E. K. Rose	FULL MAIDEN NAME	Florence Ballis
RESIDENCE	Rigby R 7 Id	RESIDENCE	Rigby R 7 Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Nevada
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10:40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
Physician
(Physician or midwife)

Address Idaho Falls, Ida

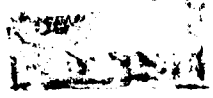
Given names added from a supplemental report.

..... 19.....

Registrar

Filed 8/24 1922

Registrar



RECEIVED
OCT 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Oct. 21 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Shelton School House Dist. 14.

File Number 104846

Street:

Registration Dist. No.

County: Bonneville

Sex of Child: Male

Date of Birth July 29 1922.

Father: R. Waldo Emerson Rose (Full Name)

Mother: Florence Bobbi (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wayne Mount Frank Rose
Child's Name in Full

Waldo E. Rose
Signature of Father or Mother

OCT 15 1946

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

864-224-020-635

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

RECEIVED SEP 25 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 104847

No. 53 [redacted] 9 St. St.

Primary Registration District No. 2140 Registered No. 238

Hospital

FULL NAME OF CHILD Mary Patricia Hodgins

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female				yes	July 24 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Lawrence Hodgins	FULL MAIDEN NAME	Mary ~~Marion~~ Norrine Oles
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Canada
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida

Filed 8/24 1922 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-226-010-795

PLACE OF BIRTH

Amended father's name & mother's place of birth

11-13-95 ms

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 104848

Primary Registration District No. 2150 Registered No. 237

FULL NAME OF CHILD Lilace Burke

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July (Month) 26 (Day) 1922 (Year)

	FATHER		MOTHER
FULL NAME	Lemuel Nephi Burke ~~Nephi L. Burke~~	FULL MAIDEN NAME	Caroline Prince
RESIDENCE	Iona Ida.	RESIDENCE	Iona Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	? Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Id

Filed 8/24 1922 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ucon

Place of Birth — Street: .....

Place of Birth — County: Bonneville

File Number: 104848

Registration Dist. No.: 5

Sex of Child: Female

Date of Birth: July 26, 1927

Father: Lemuel Nephi Burke (Full Name)

Mother: Caroline Prince (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lilace Burke
Child's Name in Full

Caroline Burke
Signature of Father or Mother

APR 9 1970

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

11-13-95

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 104848
Date Filed SEP. 25, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth

for Lilace Burke (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 26, 1922 (Date of Event)

in Iona (Bonneville) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
father's name	Nephi L. Burke	Lemuel Nephi Burke
mother's place of birth	unknown	Idaho

Subscribed and sworn to before me this 13th day of November, 1995.

Notary Public, Mary Schneider

Residing at Boise Id

My commission expires 2-16-2000

(Seal) NOTARY PUBLIC STATE OF IDAHO

x Lilace Jenkins
Signature of Applicant

x 322 J st. Idaho Falls, Id. 83402
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

NOV 1 3 1995

Correction affidavit previously attached showed father's name as Lemuel-Nephi Burke should have been corrected but was not viewed VS.

Certificate of Birth State of Idaho shows Azilee Burke born June 6, 1919 in Iona,Bonneville, ID to Lemuel Nephi Burke and Caroline Pierce born in Annis Idaho viewed Vs.

Certificate of Death state of Idaho filed April 20, 1976 file #76-1998 shows Caroline Burke born Dec. 20, 1895 in Annis Idaho died April 12, 1976 viewed VS.

168-124-010-168

RECEIVED
SEP 26 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 104849

No. ..... St.

Primary Registration District No. 2140 Registered No. 236

Hospital .....

FULL NAME OF CHILD Carlo Dectric John

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—			Yes	June 24 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dectric John	FULL MAIDEN NAME	Mildred John
RESIDENCE	New Sweden	RESIDENCE	New Sweden
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho Falls, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed 8/24 1922 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

380-126-010-386

PLACE OF BIRTH

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Registration District No. 73 File No. 104850

No. ____ St.

Primary Registration District No. 210 Registered No. 234

Hospital ____

FULL NAME OF CHILD George Wesley Thomas

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male				yes	July	26	1922

FATHER		MOTHER	
FULL NAME	George Walter Thomas	FULL MAIDEN NAME	Bertha Thomas
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Denmark
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report.

19____

Registrar

Filed 8/24 1922 [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-125-010-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 104851

No. ..... St.

Primary Registration District No. 2140 Registered No. 234

Hospital .....

FULL NAME OF CHILD Walter Watts Johnson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		~~[illegible]~~	Yes	May 25 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sidney Johnson	FULL MAIDEN NAME	EDITH ALLEEN WATTS ~~Edith Johnson~~
RESIDENCE	Corner of J St. Idaho Falls, Idaho	RESIDENCE	Corner J St. Idaho Falls, Idaho
COLOR	White AGE AT LAST BIRTHDAY 34 (Years)	COLOR	White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Idaho Kansas	BIRTHPLACE	Missouri
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed Aug 24 1922 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Clark } ss.

Certificate No. 104851

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Walter Watts Johnson (Name on Original Certificate) who was born (Was Born or Died) on May 25, 1922 (Date of Event)
in Bonneville County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		
Mother's maiden name	Aileen Watts	Edith Aileen Watts

Subscribed and sworn to before me this 8th
day of October, 1942

Notary Public, residing at Dubois, Idaho
My commission expires 4/19/43
(Seal)

Signed Edith Aileen Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Dubois, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 9 1942

8 93-117-010-364

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104852

County of Bonneville

City of Idaho Falls

No. 4th St.

Registration District No. 73

File No.

Primary Registration District No. 21 -

Registered No. 233

Hospital

FULL NAME OF CHILD David Hulera

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug 17 1922

FATHER		MOTHER	
FULL NAME	George Hulera	FULL MAIDEN NAME	Sophia Yoder
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Roumania
OCCUPATION	Railway employee	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Wm Timmins

Physician

(Physician or midwife)

Address Idaho Falls Ida.

Filed Aug 14 1922 Wm Timmins

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

764-123-010-464

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
SEP 2[illegible] 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 104853

No. ..... St.

Primary Registration District No. 2140 Registered No. 232

Hospital .....

FULL NAME OF CHILD Carl Garth Gould

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 23, 1922

FATHER		MOTHER	
FULL NAME	Carl Gould	FULL MAIDEN NAME	Mabel Dodson
RESIDENCE	Idaho Falls,	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kansas	BIRTHPLACE	So. Dakota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:40 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor M.D.

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho.

Filed Aug 10 1922 [illegible] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 19...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: 16th & Boyce Ave.

County: Bonneville

File Number: 104853

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: July 29 1922

Father: Earl Gould (Full Name)

Mother: Mabel Ellen Anderson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named

Earl Garth Gould

(Child's Name in Full)

Mrs. Earl Gould

(Signature of Father or Mother)

124

JAN 14 1974

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364-27-010-257

PLACE OF BIRTH

RECEIVED SEP 23 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF [illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104854

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. Blvd. & Cedar St.

Hospital Spencer

Primary Registration District No. 2170 Registered No. 231

FULL NAME OF CHILD Dorothy Helen Loudenbaugh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 17 1922

FATHER

FULL NAME Wm Andrew Loudenbaugh

RESIDENCE Twin, Idaho

COLOR White

AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Kansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Agnes Frances Beam

RESIDENCE Twin, Ida.

COLOR White

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Idaho Falls, Ida.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Harry L. Williams

M. D.

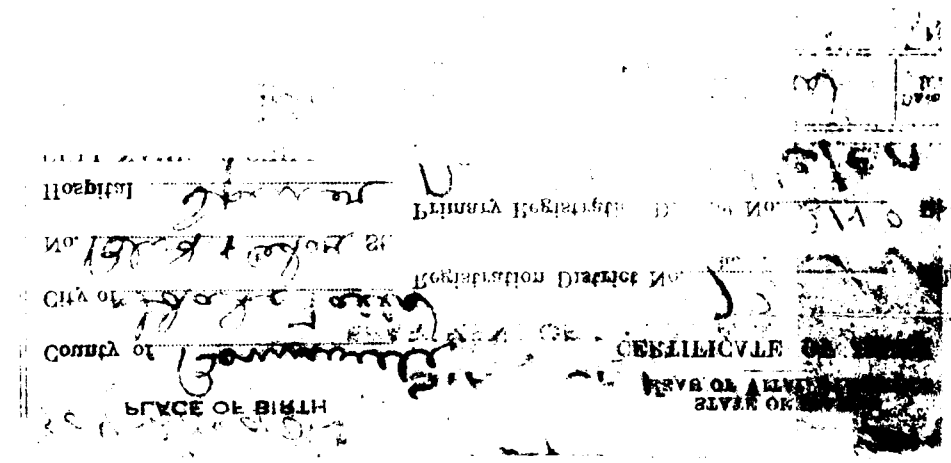
(Physician or midwife)

Address Idaho Falls Ida

Filed Aug 10 1922 [illegible]

Registrar

3/7/41 L. B.



433-130-010-466

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104855

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. Blvd. + Cedar St.

Primary Registration District No. 2170

Registered No. 230

Hospital Spencer

FULL NAME OF CHILD Otto Bradford McCutcheon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan. 30 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Otto McCutcheon	FULL MAIDEN NAME	Mabel Marie Moore
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Oscoda, Mich.	BIRTHPLACE	Saginaw, Mich.
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson
M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida

Registrar

Filed Aug 10 1922 A. Kennard
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/28/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

512-224-010653

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Idaho, Falls,

No. Route # 3 St.

Hospital Spencer

Registration District No. 73

Primary Registration District No. 2170

File No. 104856

Registered No. 229

FULL NAME OF CHILD Elvise Ida Eastburg

Sex of Child female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth June 24 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Robert Eastburg	FULL MAIDEN NAME	Glennie Welner
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	thirty six (Years)	AGE AT LAST BIRTHDAY	twenty five (Years)
BIRTHPLACE	Osage City, Kansas	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

..... Registrar

Filed Aug 10 1922 [signature] Registrar

MAR 23 1967

294-106-010-285

PLACE OF BIRTH

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Blvd. + Cedar St.

Hospital Spencer

Registration District No. 73 File No. 104858

Primary Registration District No. 21V-0 Registered No. 227

FULL NAME OF CHILD Robert Dale Kruse

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	March 6 1922

FATHER		MOTHER	
FULL NAME	Fred Kruse	FULL MAIDEN NAME	Claribel Byerley
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Germany	BIRTHPLACE	Odessa, Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hoffman M.D.

M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Ida

Registrar

Filed Aug 10 1922 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
OCT 23
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: Spencer Hospital

County: Bonneville

File Number: 104858

Registration Dist. No.:

Sex of Child: Male

Date of Birth: March 6th 192 2

Father: Frederick Peter Kruse (Full Name)

Mother: Lena Claubel Byerly (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Dale Kruse
Child's Name in Full

Mrs. F. P. Kruse
Signature of Father or Mother

MAR 6 1959

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

253-183-010436

County of Bonneville

City of Idaho Falls

No. Blvd & Cedar St.

Hospital Spencer

RECEIVED SEP 26 1922 BUREAU OF VITAL STATISTICS

Registration District No. 73

Primary Registration District No. 2140

104859

File No.

Registered No. 226

FULL NAME OF CHILD James Otis Bell

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth July 3rd 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Otis Emmett Bell	FULL MAIDEN NAME	Grace Naomi McDonald
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Salem, Ind.	BIRTHPLACE	Webster City, Iowa
OCCUPATION	Teacher	OCCUPATION	~~Hose~~ Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister

M. D. (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida.

19

Registrar

Filed Aug 10 1922 [signature]

Registrar

Dep of 1922 - 109526

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-112-010-513

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Blvd + Cedar St.

Hospital Spencer

Registration District No. 73 File No. 104860

Primary Registration District No. 2150 Registered No. 221

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXXXXXXXX~~ JOSEPH DANIEL PARK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Kung Whan Park	FULL MAIDEN NAME	Conception Valdez
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Ida
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Soul, Korea	BIRTHPLACE	Chihuahua, Mexico
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H D Spencer

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Ida

Filed Aug 10 1922 [illegible]

Registrar

- MAR 2 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Bernardino }

Certificate No. 104860

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Joseph Park who born on 1/12/1922 in Idaho Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record prepared on about 1/28/1922, are:

(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event) (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Joseph Park	Joseph Daniel Park
name of mother	Conception Valds	Conception Valadez

Subscribed and sworn to before me this 28th day of February, 1942

Madie E. Dague

Notary Public, residing at Redlands, Calif,

My commission expires July 23, 1945
(Seal)

Signed Conception Valadez Park,
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

402 W. Western ave.
Redlands, (Street Address, City, State) California

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Bernardino }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of **her** knowledge.

Subscribed and sworn to before me this 28th day of February, 1942

Madie E. Dague

Notary Public, residing at Redlands, California

My commission expires July 23, 1945
(Seal)

Signed Wm. Juanita V. Guerrero
(Signature of Any Credible Person Other Than Previous Year)

1148 Calhoun st.
(Street Address, City, State)
Redlands Calif

MAR 4 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED SEP 20 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25

County of Bannock

City of Idaho Falls

Registration District No. 73

File No. 104861

No. Blvd & Cedar St.

Hospital Spencer

Primary Registration District No. 2 1 V 0

Registered No. 224

FULL NAME OF CHILD Maurice Saunders Ritchey, Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Mar. 5 1922

FATHER	MOTHER
FULL NAME Maurice Saunders Ritchey	FULL MAIDEN NAME Grace Mullaney
RESIDENCE Swan Valley, Idaho.	RESIDENCE Swan Valley
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Genesee, Idaho.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female, at 6 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. B. Spencer M.D.

(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report.

19

Registrar

Filed Aug 10 1922

Registrar

MAY 13 1942

AUG 17 1942

JUN 21 1943

361-203-010-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 2 1922

County of Bonneville

City of Idaho Falls

No. 232 - Sixth St.

Hospital Spencer

Registration District No. 73

Primary Registration District No. 2100

File No. 104862

Registered No. 223

FULL NAME OF CHILD Margaret Tway

Sex of Child Female

~~Twin Triplet or other?~~ and Number in order of birth X
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth July (Month) 3 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	George Carthedge Tway	FULL MAIDEN NAME	Helen Elizabeth Kelly
RESIDENCE	232 - Sixth St.	RESIDENCE	232 - Sixth St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	London - Ohio	BIRTHPLACE	Columbus - Ohio
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 55 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls

19

Registrar

Filed Aug 10 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1944

285·116·010-259

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 104863

No. Blvd + Cedar St.

Primary Registration District No. 2103 Registered No. 222

Hospital Spencer

FULL NAME OF CHILD Warren Lemuel Byers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	April (Month) 16 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	James Stevenson Byers	FULL MAIDEN NAME	Anna Kathryn Kern
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Dysart, Iowa	BIRTHPLACE	Chicago, Ill.
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H D Spencer

(Physician ~~or midwife~~)

Given names added from a supplemental report.

____ 19__

Address Idaho Falls Idaho

Filed Aug 10 1922 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 10 1944

419-12 [redacted]

Form V. S. No. 11-C—25m-7-21-19

PL[redacted]TATE OF IDAHO
BUREAU OF VITAL STATISTICS

SEP 2[illegible] 1922
BUREAU [illegible]
STATIS[illegible]

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Bldg. + Cedar St.

Hospital Spencer

Registration District No. 73 File No. 104865

Primary Registration District No. 2 IV-0 Registered No. 221

FULL NAME OF CHILD Lloyd Martin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	March 27 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar B. Martin	FULL MAIDEN NAME	Ada Hackman
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho Falls, Ida.	BIRTHPLACE	Kirow, Iowa,
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H D Spencer

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Idaho

Registrar

Filed Aug 10 1922 [illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other	Number of birth	Length of birth	Date of birth
				(Month) (Day) (Year)

(To be answered only in event of plural birth)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Hour, after or before) ..... M. on the day above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given name added from a supplemental report.

..... 19 ..... Address .....

Filed ..... 19 .....

Registrar

Registrar

864-208-010-236

RECEIVED
SEP 20 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Blvd & Cedar St.

Hospital Spencer

Registration District No. 73 File No. 104866

Primary Registration District No. 2170 Registered No. 219

FULL NAME OF CHILD Norma Catherine Yodee

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Mar. 8 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Aquilla Kaufman Yodee	FULL MAIDEN NAME	Laura Mae Stowe
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Bellefontaine, Ohio	BIRTHPLACE	Bellefontaine, Ohio
OCCUPATION	Potato dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H D Stinson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Idaho Falls Idaho

Filed Aug 16 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 0 1942

AUG 7 1943

JUN 2 5 1965

JUN 2 4 1965

C/95-228-010-522

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bonneville

CERTIFICATE OF BIRTH

City of Idaho Falls

Registration District No. 73 File No. 104867

No. 13 Buchanan St.

Primary Registration District No. 2170 Registered No. 21A

Hospital

FULL NAME OF CHILD Helen Marjorie Drewes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	March 28 1922

FATHER		MOTHER	
FULL NAME	Fred Drewes	FULL MAIDEN NAME	Blanche Chestnut
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Morgan Utah
OCCUPATION	Truck driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 8 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) H S Johnson

(Physician ~~or midwife~~)

Address Idaho Falls Idaho

Filed June 10 1922 C Hammond

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/6/40 L. B.

259-203-010-249

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Blvd & Cedar St.

Hospital Spencer

Registration District No. 73

File No. 104868

Primary Registration District No. 2176

Registered No. 217

FULL NAME OF CHILD Cecilia Genevieve Bertrand

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 3 1922

FATHER

FULL NAME Eugene Nicholas Bertrand

RESIDENCE Idaho Falls

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE ~~Sleepyeye Minn~~

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Ellen Burke

RESIDENCE Idaho Falls

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Grafton Neb

OCCUPATION Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

Registrar

(Signature) H D Spencer

(Physician or ~~midwife~~)

Address Idaho Falls Idaho

Filed Aug 10 1922 W Simmons

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

---

ce of th: City Idaho Falls; Street Boulevard; County Bonneville

File Number 104868

Registration Dist. No. .....

of Child Female

Date of Birth May 3rd 1922.

her Eugene Nicholas Bertrand (Full Name) Mother Mary Ellen Burke (Full Maiden Name)

EREBY CERTIFY that the child described herein has been named:

Cecelia Genevieve Bertrand
Child's Name in Full

Mrs. E. N. Bertrand
Signature of Father or Mother

by Cecelia died August 7th, 1922. and was ied Aug. 8, 1922.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SH
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE I

- - - - - - - - - - -

Birth registration is part of every child's birth
It establishes legally the date of the child's bi
and legitimacy.

It enables the Public Health Nurse to make sure
been protected from danger of blindness and other infecti

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - -

1. The correct age for purposes of school attenda
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service
pelled to furnish certified copies of certificates of bir
portant that the certificates be filed with the BUREAU OF
TICS and the same completed by furnishing the name of the

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR C

P.S. Ba
bu

395-10 7-20 213

RECEIVED
SEP 2 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

Registration District No. 73 File No. 104869

No. ..... St.

Primary Registration District No. 210 Registered No. 216

Hospital .....

FULL NAME OF CHILD Dale Lavearl Lindsay

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug. 7. 1922

FATHER		MOTHER	
FULL NAME	Lavearl Lindsay	FULL MAIDEN NAME	Myrtle Ball
RESIDENCE	Ammon, Idaho	RESIDENCE	Ammon, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor M.D.

(Physician or Midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Ida.

Registrar

Filed Aug 9 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-230-000-363

Form V. S. No. 11-C—25m-1-3-22

PLACE OF BIRTH

RECEIVED SEP 26 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Connewell

City of Ucon

Registration District No. 73

File No. 104870

No. ..... St.

Primary Registration District No. 21 V-0

Registered No. 21 V-

Hospital Home

FULL NAME OF CHILD Erma Maxine Wilkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July 30 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew Wilkins	FULL MAIDEN NAME	Vida Cole
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S J Simmons

midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address Ucon Ida

Filed Aug 8 1922 [signature]

Registrar

Registrar

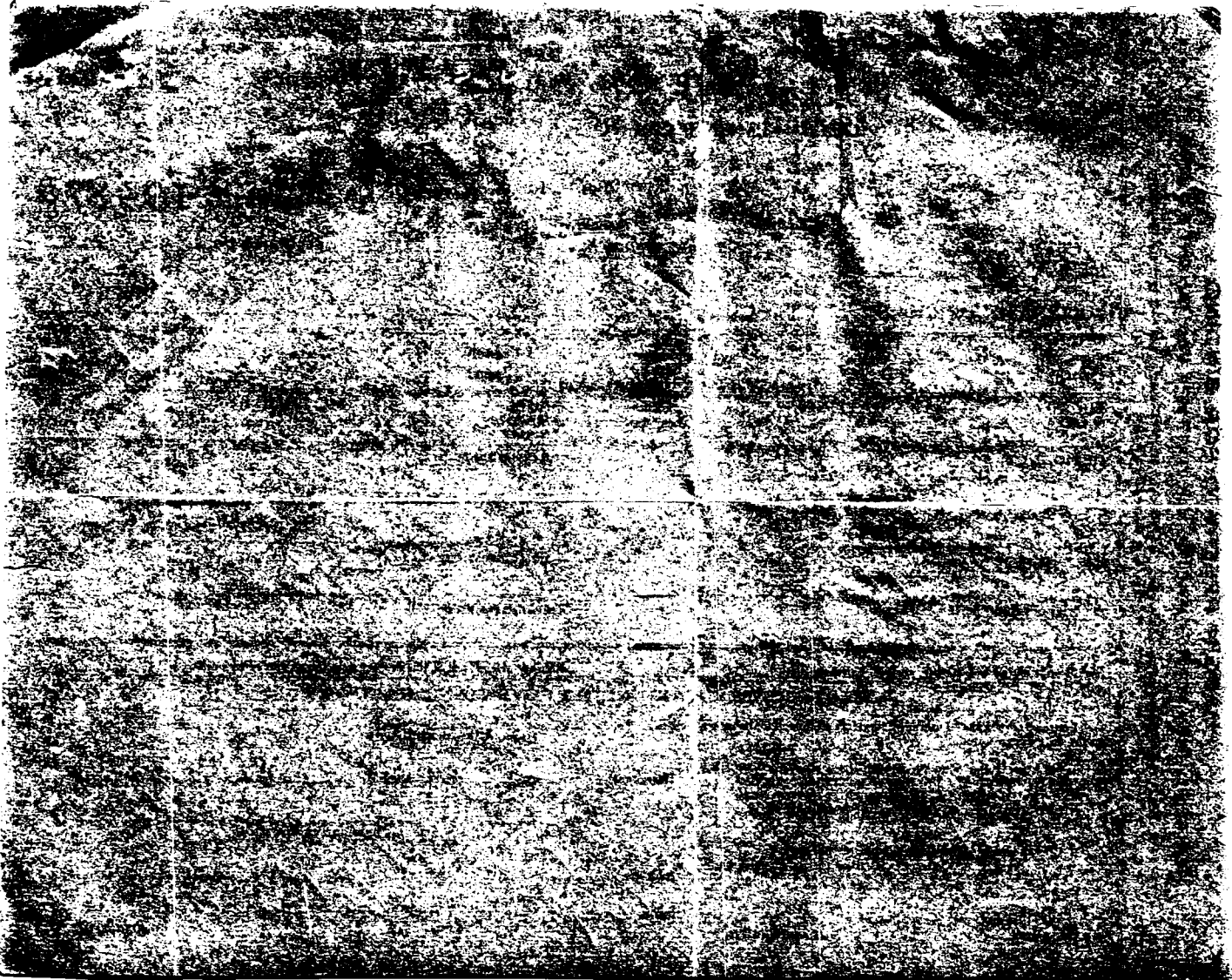
6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Oct 29 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Ucon

Street

County [illegible]

File Number 104870

Registration Dist. No. 11

Sex of Child Female

Date of Birth July 30 1922

Father [illegible] Full Name

Mother [illegible] Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

[illegible] Child's Name in Full

[illegible] Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

493-107-010-291

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 370- 8th St.

Registration District No. 73

File No. 104871

Primary Registration District No. 2150

Registered No. 214

Hospital

FULL NAME OF CHILD Lloyd Dee Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Aug. 7 1922

FATHER	MOTHER
FULL NAME: Chas. A. Miller	FULL MAIDEN NAME: Margery M. Bramwell
RESIDENCE: Idaho Falls, Idaho.	RESIDENCE: Idaho Falls, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: West Weber, Utah	BIRTHPLACE: Utah
OCCUPATION: Live stock buyer.	OCCUPATION: Housework

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

(Signature) [signature]

Physician
(Physician or midwife)

Address Idaho Falls, Idaho.

Filed Aug. 7 1922

[signature] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 19 4 30 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 104871

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Miller (Name on Original Certificate) who was born (Was Born or Died) on August 7, 1922 (Date of Event)
in Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Lloyd Dee Miller

Subscribed and sworn to before me this 17th day of
April, 19 75
Florence Murbright
Notary Public, residing at Bo[illegible]
My commission expires 4-30-78
(Seal)

Signed Ralph Farley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

APR 1 8 1975

~~Social Security Card, # 519 14 4736 gives name~~

Social Security Card, # 519 14 4736 gives name as Lloyd Dee Mill. Card issued by the Social Security Adm. on Feb. 27, 1940.
Viewed by V.S.

Own childs birth certificate on file with V. S. Boise, Idaho gives name of father as Lloyd Dee Miller. Child born Oct. 5, 1953. State file # 53-12637.
Viewed by V.S.

239-223.010-296

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104872

County of Bonnieville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2107

Registered No. 213

Hospital General Hospital

FULL NAME OF CHILD Mable Marrie Stromberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	June 23 1922

FATHER		MOTHER	
FULL NAME	Carl G Stromberg	FULL MAIDEN NAME	Mable Browning
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatchmill MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls, Idaho

Filed Aug 5 1922 [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 19 1945

236-107-010-469

PLACE OF BIRTH

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

Registration District No. 73 File No. 104873

No. ..... St.

Primary Registration District No. 2140 Registered No. 212

Hospital Gen Hospital

FULL NAME OF CHILD Murril Maynard Storms.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			July 7, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenz E Storms	FULL MAIDEN NAME	Alice Morse
RESIDENCE	Idaho Falls Idaho.	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	New Windsor Colorado	BIRTHPLACE	Eddyville Ill.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 45 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D.

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Idaho

Filed Aug 1 1922 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 1941

JAN [illegible]

MAY 25 [illegible]

MAY 30 1949

559-206-010-249

PLACE OF BIRTH

RECEIVED SEP 25 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonnell

City of Idaho Falls

Registration District No. 73 File No. 104874

No. 150 F St.

Primary Registration District No. 2140 Registered No. 211

Hospital General

FULL NAME OF CHILD Rose Marine Verran

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	May 6 1922

FATHER	MOTHER
FULL NAME John Jos. Verran	FULL MAIDEN NAME Myrtle Smith
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls Idaho
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Salt Lake city Utah	BIRTHPLACE Idaho Falls Ida
OCCUPATION Salesman	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Dant Fuses Park

19

Registrar

Filed Aug 1 19 22 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

F-51-411

168-25-010315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

RECEIVED SEP 20 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104875

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 210 Registered No. 210

Hospital General

FULL NAME OF CHILD Effie Johnson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	July 15 1922

FATHER		MOTHER	
FULL NAME	John James Johnson	FULL MAIDEN NAME	Mary E Cammuth
RESIDENCE	Driggs Idaho	RESIDENCE	Driggs Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	England	BIRTHPLACE	Coalville, Utah
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (born alive or stillborn), at 9 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

M.D.
(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report.

19

Registrar

Filed Aug 1 1922 [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-116-010-239

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 20 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104876

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Hospital General

Primary Registration District No. 2150 Registered No. 209

FULL NAME OF CHILD Perry Mack Herrick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Feb 16 1922

FATHER	MOTHER
FULL NAME: Robert Perry Herrick	FULL MAIDEN NAME: Afton Stringham
RESIDENCE: Idaho Falls, Ida	RESIDENCE: Idaho Falls, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Ogden, Utah.	BIRTHPLACE: Ogden, Utah.
OCCUPATION: J. C. Maguire Const Co.	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 3/4 - M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report.

19

Registrar

Filed Sept 6 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

636-217-010-437

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 2[illegible] 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 104877

No. ..... St.

Primary Registration District No. 21V-0 Registered No. 208

Hospital General

FULL NAME OF CHILD ~~Illinois~~ EILEEN O'Conner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Third	yes	Feb. 17 1922

FATHER		MOTHER	
FULL NAME	James McConnyler	FULL MAIDEN NAME	Rose McGeough
RESIDENCE	Swan Valley, Idaho	RESIDENCE	Swan Valley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minneapolis Minn.	BIRTHPLACE	Redwood, Minn.
OCCUPATION	Farmer	OCCUPATION	School Teacher

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 9 A.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature]
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Idaho

Registrar

Filed Aug 1 1922 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 104877

State of ..... } ss.
County of .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Iliene	Eileen O'Connor
Mother's maidenname	McGeough	McGough Mc Geaugh

Subscribed and sworn to before me this 14th day of January, 1943

Notary Public, residing at Seattle Wn

My commission expires Sept. 23. 1946
(Seal)

Signed Mrs Rose A Connor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 19 1943

693-219-010-853

PLACE OF BIRTH

RECEIVED
SEP 2[illegible] 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 501 L St.

Registration District No. 73 File No. 104878

Primary Registration District No. 2140 Registered No. 207

Hospital

FULL NAME OF CHILD Ruth Alvina Wilson.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Single			Yes	June (Month) 19 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse H Wilson.	FULL MAIDEN NAME	Alvina Maria Heller.
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Blue Rock Ohio.	BIRTHPLACE	West Point Neb.
OCCUPATION	Civil Engineer.	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 2/6 (Born alive or stillborn), at a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls Ida

Filed Aug 15 1922 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4

612-106-010-412

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. X St.

Hospital General

Registration District No. 73 File No. 104879

Primary Registration District No. 2140 Registered No. 206

FULL NAME OF CHILD William Mason Wakeland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 6 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Claude Carl Wakeland	FULL MAIDEN NAME	Laura Sarah Mason
RESIDENCE	Rexburg, Ida	RESIDENCE	Rexburg, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Denver, Colo.	BIRTHPLACE	Greeley, Colo.
OCCUPATION	Entomologist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Idaho Falls Ida.

Filed Aug 1 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

453-120-010-817

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital General

Registration District No. 73 File No. 104880

Primary Registration District No. 21V-0 Registered No. 20V-

FULL NAME OF CHILD William de Lannoy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Single		1	Yes	Jan (Month) 20 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jaques T. de Lannoy	FULL MAIDEN NAME	Mary M. Haggerty
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Chester Pa.	BIRTHPLACE	Pitston Pa.
OCCUPATION	plumber	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls Idaho

Filed Aug 5 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-120-010-893

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 104881

No. ..... St.

Hospital General

Primary Registration District No. 21 V-0 Registered No. 204

FULL NAME OF CHILD Leon Clerc Ross

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 20 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leon Claire Ross	FULL MAIDEN NAME	Idona Hill
RESIDENCE	Corner of Emerson and Gladstone	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Grangeville, Va.	BIRTHPLACE	Farragut, Ia.
OCCUPATION	Dispatcher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed Aug 1 1922 [signature]
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF OHIO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls, Idaho

Street: Corner Emerson & Gladstone, St.

County: Bonneville

File Number: 104881

Registration Dist. No.: 3

Sex of Child: Male

Date of Birth: July 20 192?

Father: Leon Clare Ross.
Full Name

Mother: Edona Alice Hill.
Full Maiden Name.

I HEREBY CERTIFY that the child described herein has been named:

Leon Clare Ross, Jr.
Child's Name in Full

Mrs L. C. Ross.
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

819-215 [redacted]

PLACE [redacted] RE

BUREAU OF VITAL STATISTICS

County of Kootenai

City of Coeurd'Alene

SEP 13 1922

VITAL

BUR

CERTIFICATE OF BIRTH

104883

No. ..... St. Registration District No. 30 File No. .....

Hospital ..... Primary Registration District No. 1051 Registered No. 1372

FULL NAME OF CHILD Elaine Lois Harrington
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) July (Day) 15 (Year) 1922
girl		yes	

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Dean R Harrington	FULL MAIDEN NAME	Lucia Selma Rodius
RESIDENCE	Coeurd'Alene	RESIDENCE	Coeurd'Alene
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Payette Idaho	BIRTHPLACE	Coeurd'Alene
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Dwyer Jr.
Physician
(Physician or midwife)

Address Coeurd'Alene, Ida.

Filed 9/7 1922 D D Drennan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUN 2 3 1970

795-119.028-449

PLACE OF BIRTH

RECEIVED SEP 13 1922 VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida

No. ..... St.

Registration District No. 30 File No. 104884

Hospital .....

Primary Registration District No. 1051 Registered No. 1373

FULL NAME OF CHILD Clarence Oliver Green.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) July (Day) 19 1922 (Year)
Male		Yes.	

What bactericidal solution was used in eyes? 10% Argyrol Sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Cary Green	FULL MAIDEN NAME	Olive M. Durdy
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Ill.
OCCUPATION	Manager Grocery Store	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:30 a on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John P. Coad
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

Registrar.

Address Coeur d'Alene, Ida

Filed 9/7 1922 D D Drenna
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

For information regarding Birth Certificate, write to:

BUREAU OF VITAL STATISTICS
Department of Public Welfare
Division of Public Health
Boise, Idaho

I request a Birth certificate for :

Name of Child Clarence Oliver Green

Place of Birth Coeurd alene Idaho

Date of Birth July 19th 1922

Name of Father C-O Green

Maiden name of Mother Oline May Dundy

Person making request ~~father + mother~~ C.O. Green

Present P.O. Address 741 - 2nd

City or Town Coeurd alene Idaho

RECEIVED
FEB 24 1941

cc 3/3/41 rmf

389-125-028-385

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Registration District No. 30

File No. 104885

Hospital .....

Primary Registration District No. 1051

Registered No. 1374

FULL NAME OF CHILD Raymond Christian
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	July 25 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Cascius C. Christian	FULL MAIDEN NAME	Ruby Ida May Sherrel
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Minn	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer H.
Physician
(Physician or midwife)

Address Coeur d'Alene, Ida

Filed 9/7 1922 D. D. Freeman
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

... birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1941

MAY 25 1942

669-105-028-819

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boot

City of Post Falls

Registration District No. 30 File No. 104886

No. ..... St.

Primary Registration District No. 2057 Registered No. 1375

Hospital .....

FULL NAME OF CHILD Laverne Leo Forgey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Aug (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Joe A Forgey	FULL MAIDEN NAME	Esther Hardy
RESIDENCE	Post Falls	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	House W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alen (Born alive or stillborn), at 129 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cheer D Alend Ida

Filed 9/7 1922 D D Drennan

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN [illegible] 1942

633-207-028-249

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No. 104887

No. ____ St.

Primary Registration District No. 1951 Registered No. 1376

Hospital ____

FULL NAME OF CHILD Marnie Katherine Ott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Aug 7 1922

FATHER		MOTHER	
FULL NAME	John G Ott	FULL MAIDEN NAME	Bessie Smith
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Russia	BIRTHPLACE	Wash
OCCUPATION	Labor	OCCUPATION	Hse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ____ M. on the date above stated.

(Signature) D D Drennan M.D.

(Physician or midwife)

Address Coeur d'Alene Ida

Filed 9/9 19 22 D D Drennan Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Coeur D'Alene

Street: 937 W. Garden

County: Kootenai

File Number: 104887

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Aug. 8 192.2

Father: John George Ott (Full Name)

Mother: Bessie May Smith (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marnie Katherine Ott

Child's Name in Full

John George Ott

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

613-219.028-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104888

County of Kootenai

City of Cda

Registration District No. 30

File No.

No. RFD. St.

Primary Registration District No. 107 Registered No. 1377

Hospital

FULL NAME OF CHILD Dawn Grace Walker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug. 19 1922

FATHER	MOTHER
FULL NAME Wm. N. Walker	FULL MAIDEN NAME Mabel Hand
RESIDENCE Coeur d'Alene Ida R.F.D.	RESIDENCE Cda
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Colorado	BIRTHPLACE Idaho
OCCUPATION Miner	OCCUPATION Hse

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. D. Drennen M D
(Physician or midwife)

Given names added from a supplemental report.

19

Address Coeur d'Alene Ida

Filed 9/9 19 22 D. D. Drennen
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1957

693-219-028-393

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ____ St.

Registration District No. 30

File No. 104880

Hospital ____

Primary Registration District No. 0051

Registered No. 1378

FULL NAME OF CHILD ~~ALMA~~ Isabell Wilhelm

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug. 19 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Elias Wilhelm	FULL MAIDEN NAME	Sophia Sitzenberger
RESIDENCE	Gibbs, Idaho	RESIDENCE	Gibbs, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Log Scaler	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dempsey M.

Physician (Physician or midwife)

Address Coeur d'Alene, Ida.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Filed 9/7 1922 D. D. Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

[redacted]

JAN 5 194

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai

Certificate No. 104889
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Elmo Isabell Wilhelm (Name on original certificate) who was born (Was born or died) on August 19, 1922 (Date of event)
in Coeur d'Alene Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance policy (Bible record, insurance policy, etc.) prepared on Dec. 1, 1938 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Elmo Isabell Wilhelm	Alma I. Wilhelm Isabell

Subscribed and sworn to before me this 31st day of December, 1941

Notary Public, residing at Coeur d'Alene, Idaho

My commission expires 8-31-44

[SEAL]

Signed Alma Wilhelm
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1801 Melrose, Coeur d'Alene, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of December, 1941

Notary Public, residing at Coeur d'Alene, Idaho

My commission expires 8-31-44

[SEAL]

Signed Mrs Iva A. Wilhelm
(Signature of any credible person other than the previous affiant.)

1801 Melrose, Coeur d'Alene, Ida
(Street Address, City, State)

Received for filing on JAN 34 By
(Registrar's signature)

281-219-028-415

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d' Alene

No. ..... St.

Registration District No. 30 File No. 104890

Hospital ..... Primary Registration District No. 1051 Registered No. 1379

FULL NAME OF CHILD Rowena May Sharples

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Aug. 19 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Richard Sharples	FULL MAIDEN NAME	Rowena Elizabeth Bertha Davis
RESIDENCE	Coeur d' Alene, Ida	RESIDENCE	Coeur d' Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Eng.	BIRTHPLACE	Eng.
OCCUPATION	Planing Mill	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Munger M.D.

Physician

(Physician or midwife)

Address Coeur d' Alene, Ida.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed ..... 192.. .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4163-213-028 433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

County of Kootenai
City of Coeur d'Alene
No. ..... St. ..... Registration District No. 30 File No. 104891
Hospital ..... Primary Registration District No. 1051 Registered No. 1380

FULL NAME OF CHILD Anna Jean Mock
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Aug 15th 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	John Alexander Mock	Margaret Stark McCoy
RESIDENCE	Coeur d'Alene, Ida.	Coeur d'Alene, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	30
BIRTHPLACE	Penn.	Ont. Can.
OCCUPATION	Log Contractor	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) J. C. Dwyer M.D.
Physician
(Physician or midwife)
Address Coeur d'Alene Ida.

Filed 9/7 192? A. B. Freeman Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 104891

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Anna Jean Mack (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Aug. 13, 1922 (DATE OF EVENT)
in Coeur d Alene Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother's statement (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Date	August 19th	Aug. 13, 1922

Subscribed and sworn to before me this 3rd
day of Dec. 1942
Mary M. Stout
Notary Public, residing at Kellogg Idaho
My commission expires July 30, 1945.
(SEAL)

Signed Mrs. John A. Mack
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.) MOTHER
Kingston Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of Dec. 19 1942
Mary M. Stout
Notary Public, residing at Kellogg Idaho
My commission expires July 30, 1945
(SEAL)

Signed Mrs. Minnie Woods
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Kingston Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on DEC 7 1942 By
(REGISTRAR'S SIGNATURE)

DEC 8 1942

819-130-0[redacted]

PLACE OF [redacted]

RECEIVED
SEP 13 1922
BUR... VITAL
S... ...

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of CDA

Registration District No. 30 File No. 104892

No. ..... St.

Primary Registration District No. 2051 Registered No. 1381

Hospital .....

FULL NAME OF CHILD Arthur Douglas Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 30 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Arthur L Harris	FULL MAIDEN NAME	Annetta Ames
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	CDA
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Ida
OCCUPATION	Mill Labr	OCCUPATION	H W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address CDA

Filed 9/7 1922 D D Drennan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 6 1942

[redacted]

OCT 2 2 1942

213-225-028599

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake, Idaho

Registration District No. 124 File No. 104893

No. ..... St.

Primary Registration District No. 2204 Registered No. 56

Hospital .....

FULL NAME OF CHILD June Svea Kallwick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	June (Month) 25 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Conrad Kallwick	FULL MAIDEN NAME	Margaret Erickson
RESIDENCE	Rose Lake, Idaho	RESIDENCE	Rose Lake, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Hattgesund Norway	BIRTHPLACE	Varmland, Sweden
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:40 A.M. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rose Lake, Ida.

Filed 9-1 1922 J. H. Tummy
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 9 1944

3 7 713-217-028-595

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 29 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104894

County of Kootenai

City of Harrison Ida

No. ..... St. Registration District No. 126 File No. 1

Hospital ..... Primary Registration District No. 2204 Registered No. 1

FULL NAME OF CHILD Doris Fern Gallaher
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	7-17-1922

What bactericidal solution was used in eyes? As Born

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Wm E. Gallaher	FULL MAIDEN NAME	Dottie Vincent
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Wash	BIRTHPLACE	Neb
OCCUPATION	Com Sabor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney
M D
(Physician or midwife)

Give names added from a supplemental report.

Address Harrison Ida

..... , 192....

Filed 9-1 1922 J M Finney
Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1969

MAR 12 200

DEC 30 1941

253-222-028-466

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake

No. ..... St.

Hospital .....

Registration District No. 124 File No. 104895

Primary Registration District No. 2204 Registered No. 2

FULL NAME OF CHILD Selma Lee ~~Backlund~~ BECKLUND

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	July 22 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Iver Simon ~~Backlund~~ BECKLUND	FULL MAIDEN NAME	Nora Ellen Dowell
RESIDENCE	Rose Lake, Idaho	RESIDENCE	Rose Lake, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Sune, Sweden	BIRTHPLACE	Tekoa, Wash.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:40 A.M. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer
physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed 9-1 1922 M. Freeman
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 104895

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Selma Lee Becklund (Name on Original Certificate) who was born (Was Born or Died) on July 22, 1922 (Date of Event)
in Rose Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on October 5, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Backlund	Beckland

Subscribed and sworn to before me this 5th. day of October, 19 42.

Notary Public, residing at Bellflower, Calif.

My commission expires November 26, 1944. (Seal)

Signed Mrs Nora Beckland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

554 Linden St., Bellflower, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 8 1942

863-205-028-869

72

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Kootenai

City of Harrison

SEP 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104896

No. ..... St. Registration District No. 126 File No. 7

Hospital ..... Primary Registration District No. 2204 Registered No. 3

FULL NAME OF CHILD Joyce Lavera Hochrein
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Aug 5 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? ac Boric

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Hochrein	FULL MAIDEN NAME	Nannie Horn
RESIDENCE	Blacksake, Ida	RESIDENCE	Blacksake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Iowa	BIRTHPLACE	Ky.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Kinney
M. D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Harrison, Ida

Filed 9-1 1922 J M Kinney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for e[illegible] and the number of each, in order of birth stated.

City of Rose Lake, Ida.

STATE [illegible]

Registration District No. 124 File No. [illegible]

No. ..... St.

Primary Registration District No. 2204 Registered No. 4

Hospital .....

FULL NAME OF CHILD Dorothy Jardine Schiller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Aug. (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Richard Schiller	FULL MAIDEN NAME	Margaret Emma Buckmann
RESIDENCE	Rose Lake, Ida.	RESIDENCE	Rose Lake, Ida.
COLOR	white	COLOR	wh. to
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Saxon, Germany.	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P.M. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rose Lake, Ida.

Filed [illegible] 1922 [illegible] Registrar

APR 29 1960

168-221-028-453

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Kootenai

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104898

City of Medimont

Registration District No. 126 File No. 7

No. ..... St.

Primary Registration District No. 2204 Registered No. 5

Hospital .....

FULL NAME OF CHILD Rosemary Alexia Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Aug (Month) 21 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Alex. Johnson	FULL MAIDEN NAME	Martha Pertusis De Cann
RESIDENCE	Wallace, Idaho	RESIDENCE	Wallace, Idaho ~~Benton Benzonia, Mich.~~
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Benzonia, Michigan
OCCUPATION	Swede carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer
physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rose Lake, Ida.

Registrar

Filed 9-1 1922 J. M. Finney
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 0 1969

JUL 1 7 1974

259-22-028-3B

PLACE OF BIRTH

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104899

County of Kootenai

City of Medmont, Registration District No. 126 File No. 7

No. ____ St.

Primary Registration District No. 2204 Registered No. 4

Hospital ____

FULL NAME OF CHILD ~~Mary Myrtle Snyder~~ Mary Mae Snider

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Aug 21 1922

FATHER	MOTHER
FULL NAME: Raymond Wilson ~~Snyder~~ Snider	FULL MAIDEN NAME: Frankie Cutler
RESIDENCE: Medmont	RESIDENCE: Medmont
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Harrison County, Indiana	BIRTHPLACE: Spokane, Wash.
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:20 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) L. J. Stauffer
Physician
(Physician or midwife)

Address Rose Lake, Ida.

Filed 9-1 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Spokane } ss.

Certificate No. 104899

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mary Myrtle Snyder (Name on Original Certificate) who was born (Was Born or Died) on August 21, 1922. (Date of Event)
in Medimont, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Mary Myrtle Snyder	Mary Mae Snider

Subscribed and sworn to before me this 25th day of October, 1943

Notary Public, residing at Opportunity

My commission expires Jan. 12-1944
(Seal)

Signed Raymond W. Snider
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1, Opportunity, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of October, 1943

Notary Public, residing at Spokane, Wash.

My commission expires Feb. 28, 1945
(Seal)

Signed Minnie E Rothrock
(Signature of Any Credible Person Other Than Previous Year)

529 W 22nd Ave., Spokane, Wash.
(Street Address, City, State)

NOV 1 194

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 942-122-028-366

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. 122

Hospital Lakeview Primary Registration District No. 2204 Registered No. 7

FULL NAME OF CHILD Clarence Paul Russell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 22 1922

What bactericidal solution was used in eyes? ac Boris

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chester W Russell	FULL MAIDEN NAME	Grace Cook
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Spokane Wash	BIRTHPLACE	
OCCUPATION	Com Sabor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney

M D
(Physician or midwife)

Address Harrison Ida

Filed 9-1 1922 J M Finney
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

APR 5 1943

165-210-028-35

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

104901

CERTIFICATE OF BIRTH

County of Kootenai

City of ..... Registration District No. 30 File No. .....

No. ..... St. Primary Registration District No. 1051 Registered No. 1382

Hospital .....

FULL NAME OF CHILD Maxine Doris Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Aug. 10. 1922

FATHER		MOTHER	
FULL NAME	Ernest L. Jones	FULL MAIDEN NAME	Laura Mae Leonard
RESIDENCE	Belmont, Ida	RESIDENCE	Belmont, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Wash	BIRTHPLACE	Virginia
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rathdrum Idaho

Filed 10/3 1922 D D Drennon Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104901

PLACE OF BIRTH

County of

JAN 26 1965

Hospital

LL NAME O

of

Registrar

4165-217-028-399

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 30 File No. 104902

No. ..... St.

Primary Registration District No. 1051 Registered No. 1383

Hospital .....

FULL NAME OF CHILD Gloria Sabina Monaco

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Aug. 17. 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis S. Monaco	FULL MAIDEN NAME	Caroline A. Crivettoni
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Section Foreman	OCCUPATION	housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum, Idaho

Filed 10/3 1922 D D Drennan
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 2 1943

275-227-028-689

PLACE OF BIRTH

RECEIVED
OCT 9 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104903

County of Kootenai

City of Hayden Lake

No. ..... St.

Registration District No. 30 File No. .....

Hospital .....

Primary Registration District No. 1051 Registered No. 1384

FULL NAME OF CHILD Carol Spencer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Aug. 27 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Clarence V. Spencer	FULL MAIDEN NAME	Ruth B. White
RESIDENCE	Hayden Lake, Ida	RESIDENCE	Hayden Lake - Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mich.	BIRTHPLACE	Mont.
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.28.9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Address Rutholmus, Idaho

Filed 10/3 1922 D D Drennan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 1943

252.228.028-715

PLACE OF BIRTH

RECEIVED OCT 9 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida. Registration District No. 30 File No. 104904

No. ..... St.

Primary Registration District No. 1051 Registered No. .....

Hospital .....

FULL NAME OF CHILD Beverly Barbara Bistline.

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Aug. 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Francis Bistline	FULL MAIDEN NAME	Anna A. Flinderman
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	California
OCCUPATION	Attorney	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 7 9 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John P. Wood

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene, Ida.

Filed 10/4 1922 D D Drennan Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5

OCT 6 1944

FEB 8 1944

1411-228-028954

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of

No. St.

Registration District No. 30 File No. 104905

Hospital Primary Registration District No. 1051 Registered No. 1386

FULL NAME OF CHILD Barbara Jean Adams
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Aug 29, 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Robt R. Adams	FULL MAIDEN NAME	Ida M. Reinhart
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Iowa	BIRTHPLACE	S. Dak.
OCCUPATION	Postmaster	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), **at** 10.10 a. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Berry

Physician P
(Physician or midwife)

Address Rathdrum, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 10/4 1922 D D Dressman
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-131-28577

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 30

Primary Registration District No. 1951

File No. 104906

Registered No. 1387

FULL NAME OF CHILD Dwayne Sherman Hodge

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Aug. 31 1922

FATHER		MOTHER	
FULL NAME	Grady S. Hodge	FULL MAIDEN NAME	Beulah Eggers
RESIDENCE	Post Falls, Ida.	RESIDENCE	Post Falls, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19.
BIRTHPLACE	N. Carolina	BIRTHPLACE	N. Carolina
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 C M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John P. Coode
Sec.
(Physician or midwife)

Address Coeur d'Alene, Ida

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed 10/4 1922 D. D. Dresman
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IOWA
DEPARTMENT OF PUBLIC [illegible]

IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ..... File Number 104906

Street .....

County .....

Registration Dist. No. .....

Date of Birth ..... 192...

Sex of Child ..... Male .....

Father ..... Mother .....
Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

525-201-028-234

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida

Registration District No. 30 File No. 104907

No. ..... St.

Primary Registration District No. 1051 Registered No. 1388

Hospital .....

FULL NAME OF CHILD Dorothy Ebert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	Sept. 1 1922

FATHER		MOTHER	
FULL NAME	Peter F. Ebert	FULL MAIDEN NAME	Bertha Stricker
RESIDENCE	Coeur d'Alene,	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wash.
OCCUPATION	Telegrapher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 7 A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John P. Wood Jr.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene

Filed Oct 5 1922 D D Drenna

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

~~FEB 1 1 1945~~

FEB 9 1945

239-210-028-214

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Belmont

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104908

Registration District No. Belmont. File No. .....

Primary Registration District No. 1057 Registered No. 1389

FULL NAME OF CHILD Daisy Henrittia Streeter.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				yes.	9th 10th 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Streeter.	Emma Badraun.
RESIDENCE	Farm home	Farm house.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	36
BIRTHPLACE	Belmont	Belmont
OCCUPATION	Farmer.	House Wife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Grace Ford.
(Physician or midwife)

Address Belmont, Idaho.

Filed ~~Sept 18th~~ Oct 6, 1922

D D Drema
Registrar

493-211-028-493

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104909

County of Kootenai

City of Coeur d'Alene, Ida.

Registration District No. 30 File No.

No. St.

Primary Registration District No. 1051 Registered No. 1390

Hospital

FULL NAME OF CHILD Elma Mae Millicon

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Sept. 11 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Millicon	FULL MAIDEN NAME	Belle Milne
RESIDENCE	Coeur d'Alene, Idaho	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38. (Years)	AGE AT LAST BIRTHDAY	27. (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Washington
OCCUPATION	Postal Clerk.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 30 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John P. Wood Sr.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Coeur d'Alene, Ida

Registrar.

Filed Oct 5 1922 D D Drennan Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849-213-028-812

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida. Registration District No. 30 File No. 104910

No. ..... St.

Primary Registration District No. 1051 Registered No. 1391

Hospital .....

FULL NAME OF CHILD Virginia Lynetta Hurtinne

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Sept. 13 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward H. Hurtinne	FULL MAIDEN NAME	Lena E. Haskins.
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23. (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Nebraska.
OCCUPATION	Truck Driver.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 11 P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John P. Woods Leo

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene, Idaho

Filed Oct. 5 1922 D W Drema Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HURTIE NNE

Dept of 1922 - 107910

236-204-028-293

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104911

County of Kootenai

City of ..... No. ..... St.

Registration District No. 30 File No. .....

Hospital ..... Primary Registration District No. 1057 Registered No. 1392

FULL NAME OF CHILD Hazabeia Scarcella

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	and		Yes	Sep 4 1922

What bactericidal solution was used in eyes? Yes Boric Acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Paul Scarcello	FULL MAIDEN NAME	Elizabeth Sicelia
RESIDENCE	Rathdrum Ida R. 2.	RESIDENCE	Rathdrum, Ida R.2
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Utah.
OCCUPATION	farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Perry M.D.

Physician

(Physician or midwife)

Address Rathdrum Ida

Filed Oct 6 1922 D.D. Freeman

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 31 1942

814-110-028-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Kootenai Bonnedale

No. ..... St.

Registration District No. 30 File No. 104912

Hospital .....

Primary Registration District No. 1061 Registered No. 1393

FULL NAME OF CHILD Ronald Eugene Hammond
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Sep 10 1922

What bactericidal solution was used in eyes? Yes Boric Acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clarence W. Hammond	FULL MAIDEN NAME	Pearl L. Burroughs
RESIDENCE	Bayview, Ida	RESIDENCE	Bayview, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wash.	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5.25 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician
(Physician or midwife)

Address Rathdrum, Ida

Filed Oct 6 1922 D D Drema
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

:942

JAN 8 1960

MAR 9 1970

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

City of Columbia

No. ..... St. Registration District No. 30 File No. 104913

Hospital ..... Primary Registration District No. 1051 Registered No. 1394

FULL NAME OF CHILD Jean L. Paullin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Sep 14 1922

What bactericidal solution was used in eyes? Yes. Boric Acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Loy E. Paullin	FULL MAIDEN NAME	Cecil Vesta Oliver
RESIDENCE	Belmont, Ida	RESIDENCE	Belmont, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo	BIRTHPLACE	Wis.
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician
(Physician or midwife)

Address Rathbrun, Ida

Filed Oct 5 1922 D D Drema
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

231-215-028-293

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. _____ St.

Registration District No. 30 File No. 104914

Hospital _____

Primary Registration District No. 1051 Registered No. 1395

FULL NAME OF CHILD Annie Mary Scarcello
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.		1	Yes	Sept. 15, 1922

What bactericidal solution was used in eyes? Yes, Boric Acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Joseph Scarcello	Ruby M. Sicilia
RESIDENCE	Rathdrum Ida. R.2	Rathdrum, Ida. R. 2.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	20
BIRTHPLACE	Italy	Wash.
OCCUPATION	farmer	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:00 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Berry M.D.

Physician

(Physician or midwife)

Address Rathdrum Ida.

Filed Oct 5 1922 D. D. Drennan
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 28 1962

APR 15 1943

SEP 17 1942

SEP 26 1951

813.127.028593

PEACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Registration District No. 30 File No. 104915

Hospital ..... Primary Registration District No. 105 Registered No. 1396

FULL NAME OF CHILD James Franklin Hatch
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Sep 27 1922

What bactericidal solution was used in eyes? Yes, Boric Acid

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	George F. Hatch	FULL MAIDEN NAME	Mary F. Nickey
RESIDENCE	Rathdrum Ida R 2	RESIDENCE	Rathdrum, Ida R. 2.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Coeur	BIRTHPLACE	Ill.
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Perry
Physician
(Physician or midwife)

Address Rathdrum Ida.

Filed Oct-5 1922 L.D. Freeman
Registrar.

Give names added from a supplemental report.

....., 19...

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amended an Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane }

Certificate No. 104915
Date Filed AUG 22 1941

The undersigned does solemnly swear that certain facts on the certificate of births (Birth or death)
for John Franklin Hatch (Name on original certificate) who born (Was born or died) on Sept 26, 1922 (Date of event)
in Rathdrum Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Record (Bible record, insurance policy, etc.) prepared on Sept 27, 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	John Franklin Hatch	James Franklin Hatch
Birthday	Sept 26, 1922	Sept 27, 1922

Subscribed and sworn to before me this 21st day of August, 1941

Clarence J. Berkey
Notary Public residing at Spokane
My commission expires Feb 28 1942
[SEAL]

Signed Jessie F. Hatch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
908 W Cleveland, Spokane Wash
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Washington } ss.
County of Spokane }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of August, 1941

Clarence J. Berkey
Notary Public, residing at Spokane
My commission expires Feb 28th 1942
[SEAL]

Signed Juanita M. Hatch
(Signature of any credible person other than the previous affiant)
908 W. Cleveland Ave. Spokane Wn.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MAR 2 3 1973

459 114-228-385

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Kootenai OCT 5 1922 CERTIFICATE OF BIRTH

City of Coeur d'Alene BUREAU OF VITAL STATISTICS 104916

Registration District No. 30 File No.

No. St.

Primary Registration District No. 1033 Registered No. 1397

Hospital

FULL NAME OF CHILD DANIEL Joseph Devine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	Sept. 14 1922

FATHER		MOTHER	
FULL NAME	Dan Devine	FULL MAIDEN NAME	Julia Lynch
RESIDENCE	Coeur d Alene.	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Wis.	BIRTHPLACE	Minn
OCCUPATION	Lumber Man	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W D Brewer

(Physician or midwife)

Address Coeur d Alene Ida

Given names added from a supplemental report.

19

Registrar

Filed Oct 5 1922

W D Brewer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 104916

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Daniel Joseph Devine (Name on Original Certificate) who was born (Was Born or Died) on Sept. 17, 1922 (Date of Event)
in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted, and that, to the best of his knowledge, the
true facts are shown by Baptism Record (Bible Record, Insurance Policy, Etc.) prepared on Sept 26 - 1922 St. Tamany Church (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Danal	Daniel Joseph Devine

Subscribed and sworn to before me this 9th day of June, 1942

Notary Public, residing at Potlatch, Idaho.

My commission expires Feb 1, 1944 (Seal)

Signed Daniel Patrick Devine
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 12 1942

JUN 17 1942

466-126-028-291

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Registration District No. 30 File No. 104917

No. ..... St.

Primary Registration District No. 1037 Registered No. 1398

Hospital .....

FULL NAME OF CHILD John Richard Elmer Milton Downing

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			yes	Sept 26 1922

	FATHER	MOTHER
FULL NAME	J. P. Downing	Corinne Brandt
RESIDENCE	Dalton Gardens	Dalton Gardens
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	23
BIRTHPLACE	Kentucky	Sweden
OCCUPATION	Rancher	Home Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10 P. M. (Born alive or stillborn) on the date above stated.

(Signature) D. D. Drennan

(Physician or midwife)

Address Coeur d'Alene Ida

Filed Oct 6 1922 D. D. Drennan Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

Certified Copy issued Nov. 13, 1940. E.W.

MAY 4 1972

413-210-028-551 OCT 9 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Foot

City of Cda

Registration District No. 50 File No. 104918

No. ..... St.

Primary Registration District No. 2057 Registered No. 1399

Hospital .....

FULL NAME OF CHILD Isabella Mallett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	9/10 1922

FATHER		MOTHER	
FULL NAME	Alex. Mallett	FULL MAIDEN NAME	Margaret Veatte
RESIDENCE	Gibbs	RESIDENCE	Gibbs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Canada
OCCUPATION	Mill Works	OCCUPATION	H. Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Drennan M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Cour D Alene Ida

Filed Oct 5 1922 D. D. Drennan Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-126-028-459

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104919

County of Canyon

City of Horley. Ida.

Registration District No. 30

File No.

No. [illegible] St.

Primary Registration District No. 1030

Registered No. 1400

Hospital

FULL NAME OF CHILD Jean Emmette Solomon

Sex of Child	Twin / Triplet / or other (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes.	Sept 26 1922

FATHER		MOTHER	
FULL NAME	Ernest P Solomon.	FULL MAIDEN NAME	Irene Miro.
RESIDENCE	Horley. Idaho	RESIDENCE	Horley. Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45-
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22.
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer.	OCCUPATION	Home-Wife

Number of child of this mother, including present birth [illegible] Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 10-15 P M. on the date above stated.

(Signature) J J Harrington M.D.

(Physician or midwife)

Address Horley. Idaho.

Filed Oct 5 1922 D D Drenna Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1974

817-216-28-951
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls Registration District No. 30 File No. 104920

No. ____ St.

Primary Registration District No. 1651 Registered No. 1401

Hospital ____

FULL NAME OF CHILD Iris Edna Yager

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	1	yes	Aug 16 1922

FATHER		MOTHER	
FULL NAME	P. J. Yager	FULL MAIDEN NAME	Edna Read
RESIDENCE	Post Falls	RESIDENCE	Post Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar.

(Signature) F. L. McCauley
(Physician or midwife)

Address Post Falls Idaho

Filed Oct 5 1922 W. D. Brema
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-221-028-815

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

Registration District No. 30 File No. 104922

No. ..... St.

Primary Registration District No. 1051 Registered No. 1403

Hospital .....

FULL NAME OF CHILD Marion Harriet Goodwin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓		—	Yes	July 21 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry J Goodwin	FULL MAIDEN NAME	Anna Hanna
RESIDENCE	Post Falls	RESIDENCE	Post Falls
COLOR	AGE AT LAST BIRTHDAY 30 (Years)	COLOR	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	House-Keeper

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Post Falls

Filed Oct 5 1922 L. L. Drema

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-110-028-293

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

Registration District No. 30 File No. 104923

No. ..... St.

Primary Registration District No. 1051 Registered No. 1404

Hospital .....

FULL NAME OF CHILD Mischeil Keller

Sex of Child Male | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 10 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Pete Keller	FULL MAIDEN NAME	Mary Eva Kilwein
RESIDENCE	Post Falls	RESIDENCE	Post Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Laborer in Lumber Yard	OCCUPATION	House-Keeper

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 21

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Post Falls, Idaho

Filed Oct 5 1922 L. D. Drenner Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 21 1912

059-208-028-296

PLACE OF BIRTH

377

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 5 1922

CERTIFICATE OF BIRTH 104924

Registration District No. 126 File No. 7

Primary Registration District No. 2204 Registered No. 8

FULL NAME OF CHILD Ruth Lorane Meikle

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female				Yes	9	8	1922

What bacteriocidal solution was used in eyes? 2% Boric

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Thos. C. Meikle	FULL MAIDEN NAME Catherine Broderick
RESIDENCE	Harrison Ida	RESIDENCE Harrison Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	45 (Years)	35 (Years)
BIRTHPLACE	Neb	Kan
OCCUPATION	Rancher	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Feeney M.D.
(Physician or Midwife)

Address Harrison Ida

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 10-1 1922 J. M. Feeney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S19-118-028-654

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Kootenai

RECEIVED OCT 5 1922

CERTIFICATE OF BIRTH

104925

City of Rose Lake

Registration District No. 126

File No.

No. ____ St.

STATISTICIAN

Primary Registration District No. 2204

Registered No. 9

Hospital

FULL NAME OF CHILD Eddie Edgar Earling.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept. 18 1922

FATHER		MOTHER	
FULL NAME	Edgar Alvin Earling.	FULL MAIDEN NAME	Lily Ada Fenchel
RESIDENCE	Rose Lake.	RESIDENCE	Rose Lake
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Milwaukee, Wis.	BIRTHPLACE	Evanston, Ill.
OCCUPATION	Laborer	OCCUPATION	housewife.

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. at 3:45 AM.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

(Signature) L. J. Stauffer
Physician.
(Physician or midwife)

Address Rose Lake, Idaho

Filed 10-1 1922 J. [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

819.123.028.759

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104926

County of Kootenai

City of Harrison

No. ..... St.

Registration District No. 122 File No. 7

Hospital ..... Primary Registration District No. 2204 Registered No. 10

FULL NAME OF CHILD Carl William Harding
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	9-23-1922

What bactericidal solution was used in eyes? ac Boric

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Carl S. Harding	FULL MAIDEN NAME	Louisa Perkins
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	Com Sabor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney
M F
(Physician or midwife)

Address Harrison Ida

Filed 10 1 1922 J M Finney
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING I... A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 1951

653-230-028-219

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 126 File No. 10427

Primary Registration District No. 2204 Registered No. 1

FULL NAME OF CHILD [illegible] Gwendolyn Ora Wells

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	9-30-192[illegible]

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Frank Wells	Chloa Barcklay
RESIDENCE	Harrison	Harrison Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	20
BIRTHPLACE	Col	Mich
OCCUPATION	Com Labor	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Kinney M D

(Physician or midwife)

Address Harrison

Filed 10-1 192[illegible] J M Kinney

Registrar.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—ALSO AS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE SHOULD BE FILED FOR EACH CHILD AND THE SAME CERTIFICATE

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Harrison

Street:

County: Kootenai

File Number: 104927

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Sept. 30, 1922

Father: Joseph Franklin Wells (Full Name)

Mother: Chlora May Barckla (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gwendolyn Ava Wells
Child's Name in Full

Mrs. Frank Wells
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

515-202029-412

Form V. S. No. 11-C--25m-7-21-19

CASE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104928

County of Latah

City of Potlatch

Registration District No. 65 File No.

No. 915 Larch St.

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Violet May Van Tslour

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		3	yes	Aug 2 1922

FATHER		MOTHER	
FULL NAME	Byron Van Tslour	FULL MAIDEN NAME	Clara E. Maxey
RESIDENCE	Potlatch Ida	RESIDENCE	Potlatch Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mich	BIRTHPLACE	Washington
OCCUPATION	Mgr. Box-factory	OCCUPATION	At Home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Ernest E Stevens M.D.

(Physician or midwife)

Address Palouse Wash.

Filed May 20th 1922

Dr. J. W. Thompson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

221-24-029-493

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104929

County of Latah

City of Potlatch Ido

Registration District No. 65 File No.

No. 825 Pine St.

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Irene M Shaffer.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female			2	yes	Aug	24th	1922

FATHER		MOTHER	
FULL NAME	Harvey D Shaffer.	FULL MAIDEN NAME	Edith A Dickinson
RESIDENCE	Potlatch Ido	RESIDENCE	Potlatch Ido
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Montana	BIRTHPLACE	Washington
OCCUPATION	Road Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Ernest J Heinz MD

(Physician or midwife)

Address Potlatch Ido

Filed Sept 12 1922 Dr. J.W. Thompson Registrar

MAY 25 1973

249-20-029-493

PLACE OF BIRTH

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104930

County of Latah

City of Potlatch

Registration District No. 65 File No.

No. St.

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Leota Burdun

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	V	V	yes	Sept. 10 1922

FATHER		MOTHER	
FULL NAME	Orval Burdun	FULL MAIDEN NAME	Helen Dalton
RESIDENCE	Potlatch R.D.	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-45 M. on the date above stated.

(Signature) Dr. J.W. Thompson

M.D.

(Physician or midwife)

Address Potlatch Idaho

Filed Sept. 12 1922.

Dr J.W. Thompson
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB

DEC 2 3 1958

533-24-029-493

PLACE OF BIRTH

County of Latah

City of Onaway

No. _____ St.

Hospital _____

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 104931

Primary Registration District No. 2145 Registered No. _____

FULL NAME OF CHILD Elena Emma + Escher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				Yes	Aug 24 1922

FATHER

FULL NAME John Escher

RESIDENCE Onaway

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Austria

OCCUPATION Engineer (Steam)

MOTHER

FULL MAIDEN NAME Maria Micheli

RESIDENCE Onaway

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Austria

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 7-20 a M.

(Signature) W S Dartt

M D

(Physician or midwife)

Address Palouse Wn

Filed Sept 1 1922 Dr Jos Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[illegible] OF IDAHO

[illegible] OF BIRTH

[illegible] No.

Registered No.

FULL NAME OF CHILD

Date of Birth

FATHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother [illegible] to have [illegible] birth

CERTIFICATE OF ATTENDING PHYSICIAN OR [illegible]

[illegible] that I attended the birth of this child, who [illegible] stated.

[illegible] was no attending physician or [illegible] the birth [illegible] should [illegible] is one [illegible] [illegible] of the [illegible]

Given name added from a supplemental report

Address

19

Registrar

Registrar

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

104931

Place of Birth

City Potlatch

Street and House No.

County Latah

Registered No. 65

Registration Dist. No. 21

Sex of Child Female

Date of Birth Aug. 24 1922
MONTH DAY YEAR

Father John Eccher
FULL NAME

Mother Mary Micheli
FULL MAIDEN NAME

I Hereby Certify that the child described h
has been named:

Rena Emma
GIVEN NAME IN FULL

SURNAME

as reported by John Eccher
FATHER OR MOTHER

Dr. J. W. Thompson
LOCAL REGISTRAR

713-129-029-689

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL
[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

104932

County of .....

City of ..... [redacted]ct No. 62 File No. .....

No. ..... St. Primary Registration District No. 2142 Registered No. 4

Hospital .....

FULL NAME OF CHILD Raymond Alfred Palmer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Aug 29 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lloyd Arthur Palmer	FULL MAIDEN NAME	Alice Daisy Whitted
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Asotin Wash	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tuomy

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sep 8 1922 [signature]

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Genesee

Street: .....

County: Latah Idaho

File Number: 104932

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Aug. 29 1922.

Father: Loyd Arthur Palmer (Full Name)

Mother: Daisy Aline Whitted (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Raymond Alfred Palmer
Child's Name in Full

Loyd Palmer
Signature of Father or Mother

1 20 41

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

666-219-029-814

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

County of Latah

City of Genesee

Registration District No. 62

File No. 104933

No. ..... St.

Primary Registration District No. 2142

Registered No. 3

Hospital .....

FULL NAME OF CHILD Dorthea Jean Woodley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fe	—		—	Yes	Aug 19 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oliver Woodley	FULL MAIDEN NAME	Minnie Hampton
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tuomy

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sept 7 1922 W H Ehrn

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

RECEIVED
OCT 23 1922
BUREAU OF VITAL STATISTICS

[illegible] DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Oct 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Genesee

Street

County Latah

File Number 104933

Registration Dist. No. Genesee

Sex of Child Female

Date of Birth August 19 1922

Father Oliver Woodley
Full Name

Mother Minnie Hampton
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Dorthea Jean Woodley
Child's Name in Full

Oliver Woodley
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

662-115-029-435

PLACE OF BIRTH

County of Idaho

City of Genesee

No. ..... St.

Hospital .....

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 62 File No. 104934

Primary Registration District No. 2142 Registered No. 2

FULL NAME OF CHILD William Peter Foster

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	8 (Month) 15 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Martin K. Foster	FULL MAIDEN NAME	Agnes McEwen
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	16 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ontario	BIRTHPLACE	Alberta
OCCUPATION	Lineman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Ehem

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 8-15 1922 W. H. Ehem

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Oct 1922

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Genesee; Street Idaho; County Latah

File Number 104934

Registration Dist. No.

Sex of Child Male

Date of Birth Aug. 15 1922

Father Martin W. Foster (Full Name)

Mother Agnes M. McEwen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William Peter Foster
Child's Name in Full

Martin W Foster
Signature of Father or Mother

MAR 1 1 1974

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

618-130-029-693

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104935

County of Latah

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

City of Genesee

Registration District No. 62

File No.

No. St.

Primary Registration District No. 2142

Registered No. 5

Hospital

FULL NAME OF CHILD Robert Dean Wahl

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	—	Yes	Aug 30 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Everett Wahl	FULL MAIDEN NAME	Ethel May Williams
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Genesee	BIRTHPLACE	Springfield Ill.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C L Twomy

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Sept 7 1922 W H Ehm

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/29/41 JRMF

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: On our farm
- Street: 9 miles southeast
- County: of Genesee, Nez Perce Co.

File Number: 104935

Registration Dist. No. .....

Date of Birth: Aug 30 1922

Sex of Child: Male

Father: Edward E. Wahl (Full Name)

Mother: Ethel M. Williams (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Dean Wahl
Child's Name in Full

Ethel M. Wahl
Signature of Father or Mother

Edward E. Wahl

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

386-21 [redacted] -9-8-15

PLA[redacted]

OCT 6 1922

BUREAU OF VITAL STATISTICS

County of Latah

City of Bovill

CERTIFICATE OF BIRTH

Registration District No. 66 File No. 2104936

No. ..... St.

Primary Registration District No. 2146 Registered No. .....

Hospital Bovill Hospital

FULL NAME OF CHILD Eunice Marie Thompson

Sex of Child Fem.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept 19 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Robert S Thompson	FULL MAIDEN NAME Signa Forstrom Forstrom
RESIDENCE Harvard Idaho	RESIDENCE Harvard Idaho
COLOR White AGE AT LAST BIRTHDAY 27 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Mercer Pa	BIRTHPLACE Sand Coulee Mont
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Dartt

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Palouse Wn

Filed 8/25 1922 Mrs J C Gibson Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JAN 1 8 1974

921-110-829-255

PLACE OF BIRTH

RECEIVED
OCT 6 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Bovill

Registration District No. 66 File No. 104937

No. ..... St.

Primary Registration District No. 2146 Registered No. .....

Hospital Bovill Hosp

FULL NAME OF CHILD Stephen Harris Isaacson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	9 (Month) — 10 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Stephen P. Isaacson	FULL MAIDEN NAME	Myrtle Benscotter
RESIDENCE	Fernwood Ida	RESIDENCE	Bovill Ida
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 | Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bovill Idaho

Filed 9/15 1922 Mrs F. C. Gibson Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/12/41 Z.J.

462-108-029-212

RECEIVED OCT 6 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104938

County of Latah

City of Bovill

Registration District No. [redacted] File No. 24

No. ..... St.

Primary Registration District No. 2146 Registered No. .....

Hospital .....

FULL NAME OF CHILD James Frank Moser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	9 - 8 - 1922

FATHER	MOTHER
FULL NAME: Frank Moser	FULL MAIDEN NAME: Myrtle Baker
RESIDENCE: Bovill Idaho	RESIDENCE: Bovill Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Minnesota
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) F. C. Gibson

Physician

(Physician or midwife)

Address Bovill Idaho

Filed 9/10 19 22 Mrs. F. C. Gibson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 7 1947
JUN 4 1959
MAY 22 1961

349.205-029-414

PLACE OF BIRTH

[redacted]

S. No. 1 C--25m-7-21-19

BUREAU OF VITAL STATISTICS

RECEIVED OCT 6 1922

CERTIFICATE OF BIRTH

104939

County of Latah

City of Bovill

Registration District No. 06 File No. 23

No. ..... St.

Hospital Bovill Hosp. Primary Registration District No. 2146 Registered No. .....

FULL NAME OF CHILD AUDREY TECKLA Audrey Turner

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	9 - 5 - 1922

FATHER		MOTHER	
FULL NAME	Joshua Stevenson Turner	FULL MAIDEN NAME	Wenterine Frances Vaughan
RESIDENCE	Bovill Ida	RESIDENCE	Bovill Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Minnesota	BIRTHPLACE	Utah
OCCUPATION	Farmerman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Gibson

Physician

(Physician or midwife)

Address Bovill Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 10 1922 Mac J. C. Gibson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 104939

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for Audery Turner (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept 5-1922 (DATE OF EVENT)

in Boville Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Blessing certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 16, 1925 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Audery	Audrey Teckla Turner

Subscribed and sworn to before me this 9 day of Mar, 1943

Chas Hall

Notary Public, residing at Cottage Grove

My commission expires July 17-46

(SEAL)

Signed Westerene Turner

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Cottage Grove

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of Mar, 1943

Chas Hall

Notary Public, residing at Cottage Grove

My commission expires July 17-46

(SEAL)

Signed Daisy Long

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Cottage Grove

(STREET ADDRESS, CITY, STATE)

Received for filing on MAR 3 1943 By

(REGISTRAR'S SIGNATURE)

MAR 3 1949

413-202-029-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Latah

City of Troy

No.

Hospital

RECEIVED OCT 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104940

Registration District No. 64 File No.

Primary Registration District No. 2144 Registered No.

FULL NAME OF CHILD Alverta Lavon Dalberg
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug 2 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Lewis P. Dalberg	FULL MAIDEN NAME	Ida Caroline Thompson
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Sweden	BIRTHPLACE	Minn.
OCCUPATION	Butcher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3.30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R G Nelson M.D.

(Physician or midwife)

Give names added from a supplemental report.

Sept 30 1922

Lucy M Pickerd
Registrar.

Address Troy, Ida

Filed Sept 30 1922 Lucy M Pickerd
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 9 1976

APR 8 0 1944

366-213-029-743

PLACE OF BIRTH

County of Latah

City of Troy

No.

Hospital

RECEIVED
OCT 7 1922
[illegible] STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible] District No. 64 File No. 104941

Primary Registration District No. 2144 Registered No.

FULL NAME OF CHILD Norma Helen Cooper
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept 13 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joe W. Cooper	FULL MAIDEN NAME	Verne Unabell Tuthie
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R G Wilson M D
(Physician or midwife)

Address Troy Ida

Filed Sept 30 1922 Lucy M Pickerd
Registrar.

Give names added from a supplemental report.

Sept 30 1922
Lucy M Pickerd
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

AUG 14 1958

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

29624 [redacted] 235

PL[redacted]H

Form V. S. No. 11-C—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 22 1922 BUREAU OF VITAL STATISTICS

County of Lemhi

City of Salmon

No. ..... St.

Registration District 41

Primary Registration District No. 2116

File No. 104942

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♂		Yes	Aug 8 1922

FATHER	MOTHER
FULL NAME: Robert Brown	FULL MAIDEN NAME: Winnie Stennett
RESIDENCE: Salmon	RESIDENCE: Salmon
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 43 (Years)
BIRTHPLACE: N. C.	BIRTHPLACE: Oklahoma
OCCUPATION: Common laborer	OCCUPATION: Housework

Number of child of this mother, including present birth: 4 Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Hammer Physician

(Physician or midwife)

Address Salmon Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9/10 1922 Chas Bellamy Registrar

STA

RTIFICATE

666-109-030-395

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

RECEIVED SEP 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

104943

Registration District No. 41

File No. .....

Primary Registration District No. 2116

Registered No. .....

FULL NAME OF CHILD Gene Lynnile Fowler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m		yes	May 9 1922

FATHER		MOTHER	
FULL NAME	Edwin Lynn Fowler	FULL MAIDEN NAME	Margaret Sinner
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Janitor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Hammer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon Idaho

Filed Sept 10 1922 Chas Bellamy Dep

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

29[illegible]81

RECEIVED
SEP 22 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104944

County of [illegible]

City of Salmon

Registration District No. 41

File No.

No. St.

Primary Registration District No. 2116

Registered No.

Hospital

FULL NAME OF CHILD Herbert William Bradley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 4 1922

FATHER		MOTHER	
FULL NAME	Herbert William Bradley	FULL MAIDEN NAME	Cloe Whalen
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	Wht AGE AT LAST BIRTHDAY 37 (Years)	COLOR	Wht AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Ohio
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright M D

Salmon (Physician or midwife)

Given names added from a supplemental report.

Address Salmon

19

Filed 9/10 1922 Olso Bellamy Registrar

Registrar

Dep

JAN 3 1942

JUN 14 1943

SEP 30 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Salmon Registration District No. 41 File No.

No. St. Primary Registration District No. 2116 Registered No.

Hospital

FULL NAME OF CHILD Gertrude Bailey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Aug 21st 1922

FATHER		MOTHER	
FULL NAME	Otis Bailey	FULL MAIDEN NAME	Elvira Patterson
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	wht AGE AT LAST BIRTHDAY 40 (Years)	COLOR	wht AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Cherokee Nation	BIRTHPLACE	Texas
OCCUPATION	Laborer	OCCUPATION	Hwf

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright M D.

(Physician or midwife)

Given names added from a supplemental report.

Address Salmon Ida

19

Filed 9/10 1922 Cho Bellamy

Registrar Registrar

JUN 16 1942

AUG 07 2001

AUG 08 2001

281-103-025-239

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

BUREAU O[redacted]

CERTIFICATE OF BIRTH

104946

County of ~~Lewis~~ Cotton

City of ~~Lewiston~~

Registration District No. 105 File No. 51

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Richard ~~Joseph~~ James Sharpe.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 3 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carie Esco Sharpe	FULL MAIDEN NAME	Veronica Bliss
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Union Co. Penn.	BIRTHPLACE	Salem S. D.
OCCUPATION	Labour	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 8 00 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J D Shinnick MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Idaho

Filed Aug 31 1922 W. F. Orr

Registrar Registrar

8/22/40.

C.C 9/19/40 [illegible]

391-126-025-294

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O—Mm-8-8-17

104947

County of Idaho

City of Cottonwood

Registration District No. 105

File No. 52

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD Frank Craemer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	May 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Casper Craemer	FULL MAIDEN NAME	Eulallie Bruggeman
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Ida.

Registrar

Filed Aug 31 1922 W. F. Orr

Registrar

693-205-025-493

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Idaho

RECEIVED SEP 15 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Cottonwood

Registration District No. 105 File No. 104948

No. ..... St. .....

Primary Registration District No. 283 Registered No. .....

Hospital .....

FULL NAME OF CHILD Edna May Williams

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F.				Yes	July	5	1922

FATHER		MOTHER	
FULL NAME	Roy D. Williams	FULL MAIDEN NAME	Edna O'Mc Michael
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Canada
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P M. on the date above stated.

(Signature) Dr Wesley Orr

(Physician or midwife)

Address Cottonwood Ida.

Filed Aug 31 1922 W. F. Orr Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

JAN 25 1943

547.217.025-195

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104949

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 54

No. ..... St.

Primary Registration District No. 2173 Registered No. .....

Hospital .....

FULL NAME OF CHILD Katherine Elizabeth Nuxoll

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	8 (Month) 17 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	C. William Nuxoll	FULL MAIDEN NAME	Anna Arnzen
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood, Ida.

Filed Aug 31 1922 W. F. Orr

Registrar

Registrar.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 2 1954

813-130 '025-914

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood Registration District No. 105 File No. 104950

No. ..... St.

Primary Registration District No. 283 Registered No. .....

Hospital .....

FULL NAME OF CHILD Frank Alloysius Halter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M.				yes.	Aug	30	1922

FATHER		MOTHER	
FULL NAME	Gottfried Halter	FULL MAIDEN NAME	Mary Rad
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Schwitzerland	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:00 a. M. on the date above stated.

(Signature) Dr Wesley Orr

(Physician or midwife)

Address Cottonwood Ida.

Filed Aug 31 1922 W. F. Orr Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 22 1975

JUL 22 1955

Amended 4/30, 1970

PLACE OF BIRTH

236-231-031-639

RECEIVED
OCT 9 1922
BUREAU OF VITAL STATISTICS

[redacted] STATE OF IDAHO
[redacted]NT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Lewis

City of Reubens

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

104952

Registration District No. 60 File No. .....

Primary Registration District No. 2129 Registered No. 41

FULL NAME OF CHILD Velma Irene Scott
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	\		\	Yes	Aug 31 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver nitrate 1 p

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	William T. Scott	FULL MAIDEN NAME	Daisy May Oliver
RESIDENCE	Reubens Ida	RESIDENCE	Reubens Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 - A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

Physician
(Physician or midwife)

Address Reubens Ida

Filed 9/20 1922 R. E. Dunlap M.D.
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 3 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED FEB 20 1970 Bureau of Vital Statistics

State of Idaho } ss.
County of Lewis

Certificate No. 104952

Date Filed 4-18-70

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Velma Irene Scott (Name on Original Certificate) who was born (Was Born or Died) on August 31, 1922 (Date of Event) in Reubens, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's Maiden Name	Daisy May Gillett	Daisy May Oliver

Subscribed and sworn to before me this 18th day of Feb, 1970

Wallace Scott

Notary Public, residing at Reubens Ida

My commission expires 9-22-72

(Seal)

Signed Daisy May Oliver

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Reubens Ida 83548

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lewis

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of Feb, 1970

Wallace Scott

Notary Public, residing at Reubens Ida

My commission expires 9-22-72

(Seal)

Signed Mrs Leo Bovey

(Signature of Any Credible Person)

Craigmont Idaho

(Street Address, City, State)

FORM DH 60-155

CL 5-15-68. one copy pd. Rec. #32806

Marriage Certificate for William Thomas Scott and Daisy May Oliver. Married in Clarkston, Washington on the 21 of June 1916. Signed by Hedley A. Vicker, Minister of the Gospel. Viewed by V. S.

APR 3 0 1970

Diploma from Stae Normal School, Lewiston, Idaho, USA gives name as Daisy May Oliver . Dated June 5, 1913. Signed by George H. Black, President. Viewed by V. S.

349-210-031-212

PLACE OF BIRTH

RECE[illegible]
OCT 9 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Reubens,

No. ..... St.

Hospital .....

Registration District No. 50 File No. 104953

Primary Registration District No. 2129 Registered No. 40

FULL NAME OF CHILD Eleanor Mabel Curtiss
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—		—	Yes	Sept. 10 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Herbert Curtiss	FULL MAIDEN NAME	Clara Mabel Baker
RESIDENCE	Reubens, Idaho.	RESIDENCE	Reubens, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ohio	BIRTHPLACE	Reubens, Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Filed 9/10 1922 R. E. Dunlop
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Nezperce

Street: .....

County: Nez Perce

File Number: 104953

Registration Dist. No.: .....

Sex of Child: Female

Date of Birth: Sept. 10 1922

Father: John Herbert Curtiss (Full Name)

Mother: Nora Mabel [illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eleanor Mabel Curtiss

Child's Name in Full

[signature]

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

213-220-
PLACE

County of ---

City of Da

No. ---------- St.

Hospital ---------- Primary Registration District No. 2016 Registered No. 43

FULL NAME OF CHILD Rita Lay Ballard.
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes.	8-20-1922

What bactericidal solution was used in eyes? Yes. 20% Argyrol.

Number of child of this mother, including present birth ---------- Number of child of this mother now living, including present birth ----------

FATHER	MOTHER
FULL NAME Steve Ballard.	**FULL MAIDEN NAME** Caroline Mathis.
RESIDENCE Detrick, Idaho.	**RESIDENCE** Detrick, Idaho.
COLOR White	**AGE AT LAST BIRTHDAY** 31 (Years)
AGE AT LAST BIRTHDAY 31 (Years)	**COLOR** White,
BIRTHPLACE England.	**BIRTHPLACE** Iowa.
OCCUPATION Farmer.	**OCCUPATION** Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) **at** 7.25 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Crane MD

Physician.
(Physician or midwife)

Address Shoshone, Idaho.

Filed Aug 23 1922 J L Fuller
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 19 1952

813-108-032-365

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln.
City of Shoshone,
No. [redacted] St.
Hospital [redacted]

Registration District No. N. Shoshone. File No. 104955
Primary Registration District No. Registered No. 44

FULL NAME OF CHILD Richard Elmer [redacted] Harvey.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	9-8-22. 192

What bactericidal solution was used in eyes? 20% Argyrol.

Number of child of this mother, including present birth one. Number of child of this mother now living, including present birth one.

FATHER		MOTHER	
FULL NAME	Chauncy L. Harvey	FULL MAIDEN NAME	June Conklin.
RESIDENCE	Shoshone, Idaho.	RESIDENCE	Shoshone Idaho.
COLOR	White	COLOR	White,
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Idaho.
OCCUPATION	Machinist.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3.40 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Deane MD

Physician.
(Physician or midwife)

Address Shoshone, Idaho.

Filed Sept 9 1922 J. L. Fuller
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 4 1943

863.217.027-893

PLACE OF BIRTH

V. S. No. 11—20m-7-26-19

STATE OF IDAHO [redacted]

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC [redacted]

BUREAU OF VITAL STATISTICS

104956

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

Registration District No. 16 File No.

No. St.

Primary Registration District No. 2016 Registered No. 42

Hospital

FULL NAME OF CHILD Rose Lillian Hallibough

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 17 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Roy Hallibough	FULL MAIDEN NAME	Lilie Hixson
RESIDENCE	Jerome Ida	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 35 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed August 17 1922 [signature] Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SEP

9-6-55

1535

893-130-033-559

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WEL[redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104957

County of Madison

City of Independence

RECEIVED OCT 5 1922 BUREAU OF VITAL STATISTICS

No. ..... St. Registration District No. 100 File No. .....

Hospital ..... Primary Registration District No. 219 Registered No. 222

FULL NAME OF CHILD GEORGE JUNIOR HILL
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	7-30 1922

What bactericidal solution was used in eyes? 2% Mercury Chrome

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	George Painter Hill	FULL MAIDEN NAME	Nora Ruth Neibaur
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorice F. Rich
MD
(Physician or midwife)

Address Rexburg, Idaho

Filed 7/30 1922 Reyning
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 104957

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for George Junior Hill (Name on Original Certificate) who Was Born (Was Born ~~or Died~~) on July 30 1922 (Date of Event)
in Independence Ward (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on Nov. 5 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	George Hill, Jr.
George Junior Hill		George Jr. Hill

Subscribed and sworn to before me this 10
day of June, 1942.

Notary Public, residing at Roberts, Ida

My commission expires 10-21-44
(Seal)

Signed Nova P. Hill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Roberts, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10
day of June, 1942

Notary Public, residing at Roberts, Idaho

My commission expires 10-21-44
(Seal)

Signed D. P. Merrill
(Signature of Any Credible Person Other Than Previous Year)

Roberts, Idaho
(Street Address, City, State)

JUN 12 1942

1536.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

296-181-033-8.37

RECEIVED OCT 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Idaho

No. ..... St.

Registration District No. 106 File No. 104958

Hospital ..... Primary Registration District No. 219 Registered No. 223

FULL NAME OF CHILD ROY WILLIAM BROWER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	8-1-1922

What bactericidal solution was used in eyes? 2% Mercury Chrome

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Henry Leroy Brower	FULL MAIDEN NAME	Ada M. Head
RESIDENCE	Plano	RESIDENCE	Plano
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

MD Rexburg Idaho
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

..... Registrar.

Address .....

Filed 9/30 1922 ..... Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 104958

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Roy William Brower (Name on Original Certificate) who was born (Was Born or Died) on Aug. 1, 1922 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on or about birth date (Give Date), are:-

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Roy Wm.

Subscribed and sworn to before me this
day of July, 19 42.

Notary Public, residing at Rexburg, Idaho
My commission expires Mar. 27, 1943
(Seal)

Signed: Ada Matilda H. Brower
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

107 E. 2nd South, Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of July, 19 42.

Notary Public, residing at Rexburg, Idaho
My commission expires Mar 27, 1943
(Seal)

Signed Edith L. Hopkins
(Signature of Any Credible Person Other Than Previous Year)

Rexburg Idaho
(Street Address, City, State)

JUN 25 1945

AUG 6 1942

1537

296-101-033-599

PLACE OF BIRTH

name added 1-24-83

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

RECEIVED OCT 6 1922 BUREAU OF VITAL STATISTICS

Registration District No. 100 File No. 104959

Subdistrict No. 2178 Registered No. 224

FULL NAME OF CHILD Norman Brown

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	8 - 1 - 1922

What bactericidal solution was used in eyes? 2% Argyrol solution

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Agustus Mark Brown	FULL MAIDEN NAME	Zalia Louise Virgin
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1-25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Lorin F. Rich

MD (Physician or midwife)

Address Rexburg Idaho.

Filed 9/30 1922 R. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
OCT 23 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number 104959

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

MAR 2 8 1975

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED JAN 2 1 1985

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 104959

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Brown (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 1, 1922 (Date of Event)

in Salem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Norman Brown

Subscribed and sworn to before me this 12 day of ....., 1985

Notary Public, residing at North Ogden Utah

My commission expires 1-13-86

(Seal)

Signed Marvin Brown

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1018 E 370 So Layton Ut 84041

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires 5-7-84

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 3/28/75

Certificate of Ordination from LDS Church gives Norman Brown ordained an Elder on Oct 19, 1941 in Riverdale Ward , Weber Stake. Viewed by V.S.

JAN 24 1983

Certificate of Baptism from LDSChurch gives Norman Brown son of Agustus M Brown and Zalia L Virgin born 8-1-22 in Salem, Idaho and was baptised 8-2-31. Viewed by V.S.

PLACE OF BIRTH 653-295-022-997

RECEIVED OCT 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ..... St. ..... Registration District No. 160 File No. 104960

Hospital ..... Primary Registration District No. 2178 Registered No. 225

FULL NAME OF CHILD Nadine Wellard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	8-5-1922

What bactericidal solution was used in eyes? 2% Mercurochrome

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Charles Leroy Wellard	FULL MAIDEN NAME	Marvella Riggs
RESIDENCE	Teton City	RESIDENCE	Teton City.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich

MD
(Physician or midwife)

Address Rexburg Idaho.

Filed 9/30 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF STATE

CEIVED
2 1922
VITAL
STICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Teton

Street: .....

County: Fremont

File Number: 104960

Registration Dist. No. .....

Date of Birth: August 5 1922

Sex of Child: Female

Father: Charles Leroy Welland (Full Name)

Mother: Marvella Riggs Welland (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Madame Welland (Child's Name in Full)

Charles L. Welland (Signature of Father or Mother)

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

FEB 25 1943

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1589

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] E OF BIRTH 035-285033-895

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104961

County of Madison

City of Hibbard

No. ..... St. Registration District No. 108 File No. .....

Hospital ..... Primary Registration District No. 2178 Registered No. 226

FULL NAME OF CHILD Myrtle Aline Stevens

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8 - 5 - 1922

What bactericidal solution was used in eyes? 2% Mercuy Chrom

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME Charles A Stevens	FULL MAIDEN NAME Lucy Pearl Hinkley
RESIDENCE Dubois	RESIDENCE Dubois
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 9 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich MD (Physician or midwife)

Address Redburg Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Oct 30 1922

Registrar.

[redacted]

Boise, Idaho, Dec. 24 192 2.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Place of Birth — Street:

Place of Birth — County: Madison

File Number: 104961

Registration Dist. No.: 13

Sex of Child: Female

Date of Birth: Aug 6 192 2

Father: Charles I Stevens
Full Name

Mother: Pearl L Hinckley
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Myrtle Alice Stevens.
Child's Name in Full

Charley Stevens
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

95-107-233-355

PLACE OF BIRTH AMENDED 5/31/50

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 10962

Primary Registration District No. 2178 Registered No. 227

FULL NAME OF CHILD LE GRAND LENROOT RANE
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	8 – 7 – 1922

What bacteriedal solution was used in eyes? 2% Mercury Clerouse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Elmer St. Clair Rane	FULL MAIDEN NAME	Verna Adeal Lenroot
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

M.D.
(Physician or midwife)

Address Rexburg, Idaho

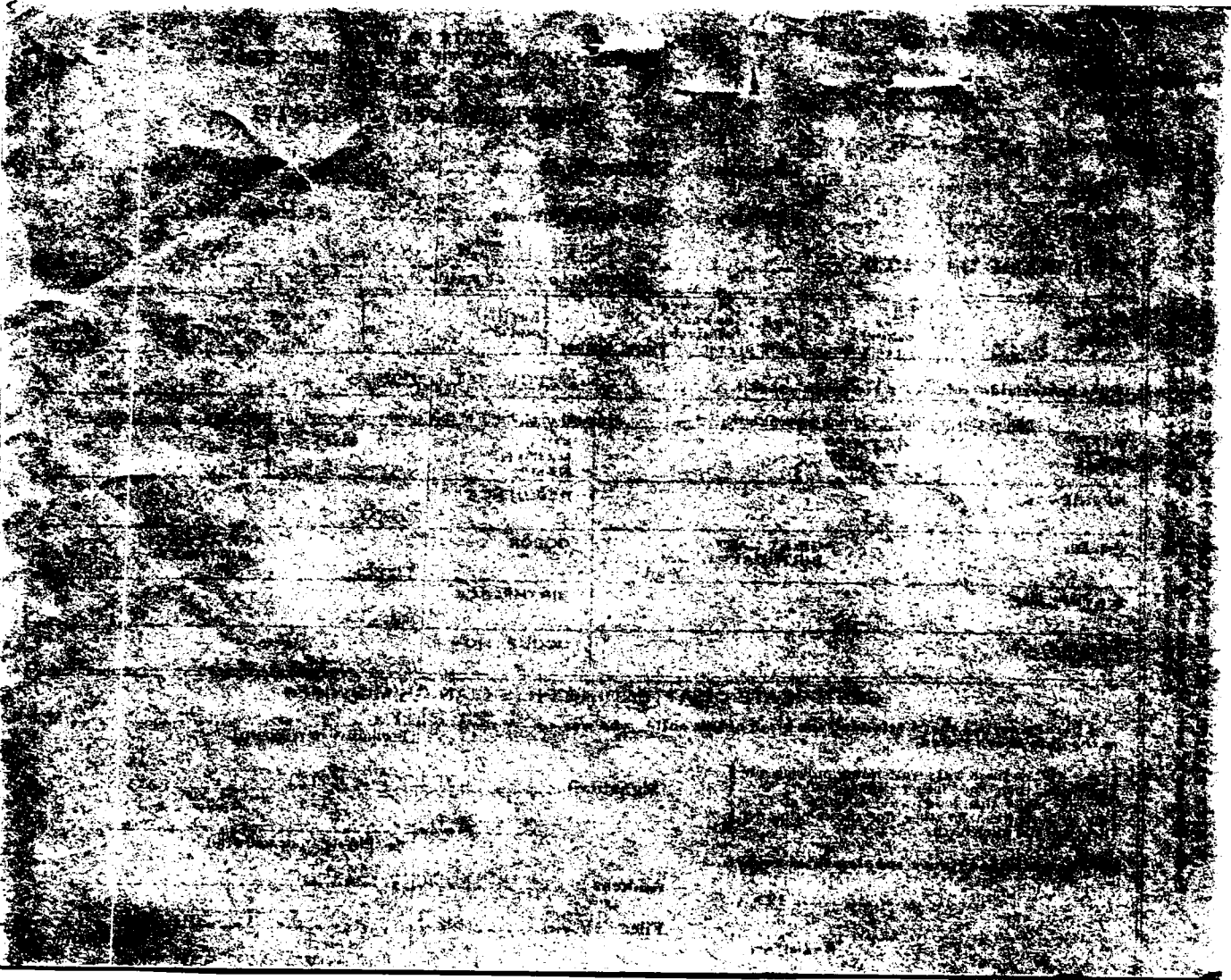
Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed 9/30 1922 J. R. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 104962
County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for LaGrande Lenroot Rane (Name on Original Certificate) who was born (Was Born or Died) on August 7, 1922 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by changed by self in early school years. (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	LaGrande Lenroot Rane	LeGrand Lenroot Rane

Subscribed and sworn to before me this 27th day of May, 1950

J. Murray M. Campbell
Notary Public, residing at Chula Vista Calif
My commission expires My Commission Expires March 29, 1952
(Seal)

Signed LeGrand Lenroot Rane
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

481 Oxford St., Chula Vista, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

-41

559-123-033-692

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Plano

No. ..... St. ..... Registration District No. 100 File No. 104963

Hospital ..... Primary Registration District No. 2178 Registered No. 228

RECEIVED OCT 5 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	8-23-1922

What bactericidal solution was used in eyes? 2% Mercuro-chrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Otto Agustus Neilson	FULL MAIDEN NAME	Ora Bell Fisher
RESIDENCE	Plano	RESIDENCE	Plano
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 40 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Give names added from a supplemental report.

Address Rexburg Idaho.

....., 19....

Filed 9/30 1922 R Young
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number .....104963.....

Registration Dist. No. .....

Sex of Child.....Male.....

Date of Birth .....192....

Father ..... Mother .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1542

8/3/25-03 3-271

PLACE OF BIRTH

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104964

County of Madison

City of Independence

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. .....

Registered No. 229

FULL NAME OF CHILD Lynn F Hall
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	8 - 25 - 1922

What bactericidal solution was used in eyes? 2% mercuro-chrome

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Earl S Hall	FULL MAIDEN NAME	Maud Spaulding
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F Rich

MD
(Physician or midwife)

Address Rexburg Idaho.

Filed 9 30 1922 J H Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

C 1

A VIM

3 WHY A CEPTI

ND THE SA

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number ....104964.....

Registration Dist. No. .....

Sex of Child.....Male.....

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Child's Name in Full

..... Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

L.D.S. Church Cert. of Baptism and Confirmation, Mar. 3, 1935 gives full name of child as Lynn F. Hall, son of Earl S. Hall and Maud Spaulding, born Aug. 25, 1922 at Burton, Idaho- viewed by V.S. and Own Child's Birth Cert. on File: (Idaho Birth) #50-12579 gives full name of father as Lynn Frank Hall - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Madison. } ss.

Certificate No. 104964

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hall (Name on Original Certificate) who was born (Was Born or Died) on Aug. 25, 1922 (Date of Event)
in Independence, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by church record (Bible Record, Insurance Policy, Etc.) prepared on February 19, 1935, (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lynn F Hall

Subscribed and sworn to before me this 1st day of December, 19 60.

Ray M. Ray
Notary Public, residing at Rexburg, Idaho
My commission expires 1-26-63
(Seal)

Signed Earl S. Hall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1, Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, }
County of Madison. } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of December, 19 60.

Ray M. Ray
Notary Public, residing at Rexburg, Idaho
My commission expires 1-26-63
(Seal)

Signed
(Signature of Any Credible Person)

170 S. 1st W., Rexburg, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 11-25-60. nm

SEP 13 1961

PLACE OF BIRTH

243-123-033-331

County of Madison

City of Thornton

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 104965

State Registration District No. 2178 Registered No. 230

FULL NAME OF CHILD Clyde LeRoy Sutton

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		Yes	8 — 23 — 1922

What bactericidal solution was used in eyes? 2% Mercuro-chrome

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	LeRoy Sutton	Hopia Emma Clark
RESIDENCE	Thornton	Thornton
COLOR	White.	White
AGE AT LAST BIRTHDAY (Years)	30	24
BIRTHPLACE	Kansas	Idaho
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:5a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich MD

(Physician or midwife)

Address Lewisburg Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 10/30 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Thornton
- Street: .....
- County: ~~Id~~ Madison

File Number: 104965

Registration Dist. No.: 10

Date of Birth: 8) 27 (1922

Sex of Child: Male

Father: LeRoy Sutton
Full Name

Mother: Hopa Eunice Clark
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Clyde LeRoy Sutton
Child's Name in Full

LeRoy Sutton
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

545

693-129-033-859

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Madison

City of Sunny Dell

No. ..... St.

Hospital .....

OCT 5 ... BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104966

Registration District No. 10 File No. .....

Primary Registration District No. 278 Registered No. 231

FULL NAME OF CHILD David Floyd Wilcox
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	8/29 1922

What bactericidal solution was used in eyes? 2% Mercury Chrome

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Floyd Wilcox	FULL MAIDEN NAME	Zelda Heileson
RESIDENCE	Sunny Dell	RESIDENCE	Sunny Dell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boise alive 2:10 A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich, M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Rexburg Idaho.

Filed 9/30 1922 J Rejoung Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Madison

File Number 104966

Registration Dist. No. .....

Sex of Child Male

Date of Birth August 29 192 2

Father David Floyd Wilcox (Full Name)

Mother Annie Griselda Hile (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

David Floyd Wilcox (Child's Name in Full)

Annie G. Wilcox (Signature of Father or Mother)

OCT 1 3 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
[LED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISand the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1546

249-203-033-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

County of Madison
City of Hibbard
No. ..... St.
Hospital .....

CERTIFICATE OF BIRTH

104967

Registration District No. 100 File No. .....

Primary Registration District No. 178 Registered No. 232

FULL NAME OF CHILD Cerness Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	9 3 1922

What bactericidal solution was used in eyes? 2% Mercury Chrome

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Earnest Lee Smith	FULL MAIDEN NAME	Evangeline Springer Jones
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Rexburg Idaho.

Filed 9/30 1922 J. Rymer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
OCT 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

WELFARE

Idaho, Oct 20 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Rexburg; Street; County Hibbard

File Number 104967

Registration Dist. No. 27

Sex of Child girl Female

Date of Birth August 31 1922

Father Ernest Lee Smith (Full Name)

Mother Evangeline Springer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Berness Smith
Child's Name in Full

Evangeline Smith
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

866-103-037-652

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH 104968

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 233

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	9 3 1922

What bactericidal solution was used in eyes? 2 % Mercury Chrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Royal George Howe	FULL MAIDEN NAME	Lucile Smart Webster
RESIDENCE	Salt Lake City	RESIDENCE	Salt Lake City
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Machinist	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:20 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rexburg Idaho.

Filed 9/30 1922 J R Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

City of Rexburg BUREAU OF STATISTICS CERTIFICATE OF BIRTH 104969

No. ..... St. Registration District No. 120 File No. .....

Hospital no Primary Registration District No. 2175 Registered No. 734

FULL NAME OF CHILD Raymond Spencer Fogg
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	no		✓	yes	9-4-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Neo-silvol - 10% solution

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Mr Spencer Fogg	FULL MAIDEN NAME	Alice Roose
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Rexburg - Ida	BIRTHPLACE	Southern Idaho
OCCUPATION	Farming	OCCUPATION	house-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Sutherland

M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rexburg - Idaho

Filed 9/30 1922 J Ryan
Registrar.

DEC 20 1941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

City of Rexburg

BUREAU OF VITAL STATISTICS

Registration District No. 100

File No. 104970

No. ..... St.

Hospital .....

Primary Registration District No. 2178

Registered No. 235

FULL NAME OF CHILD Dorothy Shupe

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	9 10 1922

What bactericidal solution was used in eyes? 2% Mercury Chrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Bryan C. Shupe	FULL MAIDEN NAME	Flora Eling Jones
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

MD

(Physician or midwife)

Give names added from a supplemental report.

Address Rexburg Idaho.

....., 19....

Filed 9/30 1922 J R Young Registrar.

Registrar.

469-210-233-968

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104971

County of Madison

City of Rexburg

No. ..... St.

Hospital

Registration District No. 100 File No.

Primary Registration District No. 217 Registered No. 236

FULL NAME OF CHILD Lila Mortensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No	v	Yes	9 — 10 — 1922

What bactericidal solution was used in eyes? Neo-Silvol — 10% Solution

Number of child of this mother, including present birth. 2 Number of child of this mother now living, including present birth. 2

FATHER		MOTHER	
FULL NAME	Orval P. Mortensen	FULL MAIDEN NAME	Janet Roylance
RESIDENCE	Salem — Ida.	RESIDENCE	Salem — Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Salem — Ida	BIRTHPLACE	Salem Ida.
OCCUPATION	Farming	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Sutherland M. D.
(Physician or midwife)

Address Rexburg Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 9/30 1922 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 15 10 09 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 104971

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Mortensen (Name on Original Certificate) who was born (Was Born or Died) on Sept. 10, 1922 (Date of Event)
in Rexburg (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Lila Mortnesen

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed Owen P. Mortensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

P.O. Box 206 St. Anthony, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of July, 1975

Signed Jeneane McKenzie
(Signature of Any Credible Person)

Notary Public, residing at Rupert, Idah
My commission expires 4-2-77
(Seal)

Route 2 Rupert Idaho
(Street Address, City, State)

FORM DH 60.155 Telephone call - no correspondence - fc 6-27-75

Marriage certif. from Utah gives names as Bruce Adrian Neibaur and Lila Mortensen. dated Nov. 1, 1940. viewed by V. S.

JUL 16 1975

Sugar-Salem High school, Sa Sugar, Idaho, gives name as Lila Mortensen. dated May 20, 1940. viewed by V.S.

1549

695-211-033-514

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104972

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

County of Madison
City of Rexburg
No. 249 W. 4th S. St.
Hospital
No. 100
File No.
Primary Registration District No. 2178
Registered No. 237

FULL NAME OF CHILD Meda Lou Winter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	9 11 1922

What bactericidal solution was used in eyes? 2% Mercurochrome

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Lewis G. Winter	FULL MAIDEN NAME Meda Elizabeth Eames
RESIDENCE Rexburg	RESIDENCE Rexburg
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Clerk	OCCUPATION H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin S. Rich MD
(Physician or midwife)

Address Rexburg Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 9/30 1922 J. Ryan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 27 1973

JAN 26 1944

319-219-033-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Registration District No. 100 File No. 104973

Hospital ..... Primary Registration District No. 2178 Registered No. 238

FULL NAME OF CHILD Genara Cardenas
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female	No		✓	Yes	9	19	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? —

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Bonifacio Cardenas	FULL MAIDEN NAME	Maria Garcia
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	~~White~~ Mexican	COLOR	~~White~~ Mexican
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Farmer	OCCUPATION	house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dorotea Carrillo

Mid-wife
(Physician or midwife)

Address Sugar City

Filed 26 1922 J Myoung
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546-121-033-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. ..... St.
Registration District No. 100 File No. 104974
Hospital —
Primary Registration District No. 2178 Registered No. 239

FULL NAME OF CHILD William Homer Edwards
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	no		✓	yes	9 - 21 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Neo-Silvol - 10%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Homer Percival Edwards	FULL MAIDEN NAME	Martha Jane Miles
RESIDENCE	Roosevelt - Utah	RESIDENCE	Roosevelt - Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Woodstock - Canada	BIRTHPLACE	Payson - Utah
OCCUPATION	Accountant	OCCUPATION	house - wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Sutherland M.D.
(Physician or midwife)

Address Rexburg - Idaho

Filed 9/30 1922 J. Rysong
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

T

[illegible] 192[illegible]

[illegible]EASONS [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Street: .....

County: .....

File Number: 104974

Registration Dist. No.: .....

Sex of Child: Male

Date of Birth: Sept 21- 192.2

Father: Homer P Edwards (Full Name)

Mother: Martha J. Miles (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William Homer Edwards -

Child's Name in Full

Homer P Edwards

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

550

157-222-033-816

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 104975

Primary Registration District No. 2178 Registered No. 240

FULL NAME OF CHILD DAWNA MARIE JEPPESEN
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	9 22 1922

What bactericidal solution was used in eyes? 2% Mercury Chrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Vernon Jeppeson	FULL MAIDEN NAME	Lucy Hawkes
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	white AGE AT LAST BIRTHDAY 26 (Years)	COLOR	white AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 9:50 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

MD
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

.....
Registrar.

Address Rexburg Idaho

Filed 9/30 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICAT[illegible]
[illegible]ED FOR EACH CHILD AND THE SAME COMPI[illegible]

- - - - - - - - -

Birth registration is par[illegible]
[illegible]t establishes [illegible]

MAY 7 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada } ss.
County of Washoe }

Certificate No. 104975

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for — Jeppesen (Name on Original Certificate) who was born on Sept 22, 1922 (Was Born or Died) (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record & Ins. Policy (Bible Record, Insurance Policy, Etc.) prepared on Sept 22, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Jeppeson	Dawna Marie Jeppesen

Subscribed and sworn to before me this 3rd day of May, 1945
Matilda N. Gibbons
Notary Public, residing at Sparks, Nev.
My commission expires March 2, 1946
(Seal)

Signed Mrs. Lucy T. Jeppesen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
912 Evans Ave. - Reno, Nev.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Washoe }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 3rd day of May, 1945
Matilda N. Gibbons
Notary Public, residing at Sparks, Nev.
My commission expires March 2, 1946
(Seal)

Signed Vernon Jeppesen
(Signature of Any Credible Person)
912 Evans Reno Nevada
(Street Address, City, State)

MAY 10 1945

1551 214-223-033-993

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104976

County of Madison

City of Hibbard

No. ..... St.

Registration District No. 100 File No. .....

Hospital ..... Primary Registration District No. 2178 Registered No. 241

FULL NAME OF CHILD ~~[illegible]~~ RUBY Sophia Saurey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	9 23 1922

What bactericidal solution was used in eyes? 2% Mercury Chrome

Number of child of this mother, including present birth 5 Number of child of this mother, now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Heber C. Saurey	FULL MAIDEN NAME	Sophy Ricks
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 3 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Ida.

Filed 9 30 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Y A CERTIFICATE OF BIR
PLETED

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hibbard

Street:

County: Madison

File Number: 104976

Registration Dist. No.:

Sex of Child: Female

Date of Birth: 23 Sept 192 2

Father: Heber C. Saurey (Full Name)

Mother: Sophy Ricks (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Donna Sophia (Child's Name in Full)

Mrs. Heber C. Saurey (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law,
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 104976

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Sept 23, 1922 (Birth or ~~Death~~)
for Ruby Sophia Saurey (Name on Original Certificate) who September 23 on 1922 (Was Born or ~~Died~~) (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Donna Sophia Saurey	Ruby Sophia Saurey

Subscribed and sworn to before me this 2nd
day of March, 1942
Notary Public, residing at Rexburg
My commission expires Dec 19 1942
(Seal)

Signed Mrs Sophia Saurey Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rexburg Route 3
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of March, 1942.
Notary Public, residing at Rexburg, Idaho
My commission expires Dec.19.1942
(Seal)

Signed Victor L. Saurey Father
(Signature of Any Credible Person Other Than ~~Previous~~ Year)
Rexburg, Route 3, Idaho
(Street Address, City, State)

PLACE OF BIRTH

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Plano

No. ____ St.

Registration District No. 100 File No. 104977

Hospital

Primary Registration District No. 2178 Registered No. 242

FULL NAME OF CHILD Alice Marie Hemsley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	9 24 1922

What bactericidal solution was used in eyes? 2% mercuric chrome

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clyde D. Hemsley	FULL MAIDEN NAME	Alice Eugena Hedelius
RESIDENCE	Plano	RESIDENCE	Plano
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) Lorin L. Tuck MD
(Physician or midwife)

Address Rexburg Idaho

Filed 9/30 1922 J. R. Young
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED MAR 31 1965 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 104977

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Hemsley (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 24, 1922 (Date of Event)

in Plano, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Alice Marie Hemsley

Subscribed and sworn to before me this 30 day of March, 1965

[signature]

Notary Public, residing at Pendleton, Oregon.

My commission expires Mar 4, 1968

(Seal)

Signed Clyde D Hemsley

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Willard, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

CL 6-26-64. nm

Temple Recommend gives name as Alice Marie Livingston (Hemsley) daughter of Clyde D. Hemsley born Sept. 24, 1922 in Madison County, Idaho. Baptised Oct. 31, 1931. Issued August 14, 1956. J. D. Anderson, Mission Pres.
Viewed by V. S.

APR 5 1965

Social Security Card # 519-16-0317 gives name as Alice Marie Hemsley Livingston
Issued 1943

Viewed by V. S.

355-225-033-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. 100 File No. 104978

Primary Registration District No. 2178 Registered No. 243

FULL NAME OF CHILD _____
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	—	Yes	9 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	E. J. Lee	FULL MAIDEN NAME	Emma Janson
RESIDENCE	Rexburg #3	RESIDENCE	Rexburg #3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Salt Lake Utah	BIRTHPLACE	Hymen Mt.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 7 20 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Parkinson
Rexburg Ida
(Physician or midwife)

Give names added from a supplemental report.

_____, 19____

_____
Registrar.

Address Physician

Filed 9 30 1922 J. Rymer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

563

296-226-033-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT [illegible] BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. 246 N. 3rd E. St.

Registration District No. 100 File No. 104979

Hospital

Primary Registration District No. 978 Registered No. 744

FULL NAME OF CHILD Lola Loraine Browning
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	9/26 1922

What bacterieidal solution was used in eyes? 2% Mercury Chloride

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Stephen Elias Browning	FULL MAIDEN NAME	Mabel Blair
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Bookkeeper	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin D. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 10/30 1922 [illegible] Wyoming
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEVERAL REASONS WHY A CERTIFICATE OF BIR
ILED FOR EACH CHILD AND THE SAME COMPLETED W

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Street: 264 N. 3rd East

County: Madison

File Number: 104979

Registration Dist. No.:

Date of Birth: Sept 26 1922.

Sex of Child: Female

Father: Stephen Elias (Full Name)

Mother: Mabel B Lair (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lola Coralee Browning
Child's Name in Full

Mrs. S. E. Browning
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

613-109
034-635

PLACE [redacted]

County of Mundona

City of Paul

No. ..... St.

Hospital .....

RECEIVED
OCT 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 104980

Primary Registration District No. 2015 Registered No. 137

FULL NAME OF CHILD Freda Burton Watson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1		1	Yes	August 9 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Sol Ag no 3 1%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Mathes E. Watson	FULL MAIDEN NAME	Lisle M. Fleisher
RESIDENCE	Paul Idaho	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	No. Carolina	BIRTHPLACE	Penna.
OCCUPATION	Grain Dealer & Flour Mill	OCCUPATION	Hscofe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Smith MD
(Physician or midwife)

Address Burley Idaho

Filed Oct 1 1922 Ett Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REASONS WHY
CHILD AND

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Paul

Place of Birth — Street:

Place of Birth — County: Minidoka

File Number: 104980

Registration Dist. No.:

Date of Birth: Aug. 9, 1922.

Sex of Child: Male

Father: Mattie Elder Watson
Full Name

Mother: Lisle Margaret Fisher
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Fred Burton Watson
Child's Name in Full

Mrs M. E. Watson
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

962-103-234-718

PLACE OF BIRTH

County of Minidoka

City of Paul

No. ..... St. ..... Hospital .....

RECEIVED
OCT 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 — File No. 104981

Primary Registration District No. 2015 — Registered No. 138

FULL NAME OF CHILD John Earle Robinson Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	/ (To be answered only in event of plural births)	/	Yes	Sept 3 1922

What bactericidal solution was used in eyes? Arg. Nos. Sol. 1%

Number of child of this mother, including present birth 1 — Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME John Earle Robinson	FULL MAIDEN NAME Hattie Payne
RESIDENCE Paul Idaho	RESIDENCE same
COLOR W — AGE AT LAST BIRTHDAY 34 (Years)	COLOR W — AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farm	OCCUPATION House

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Smith M.D.
(Physician or midwife)

Address Burley Idaho

Filed Oct 1 1922 Ethel Elmore
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, SEPARATE RETURN must be made for each and the number of each in order of birth stated.

466 113 0346 553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

No. ____ St.

Registration District No. 19 File No. 104982

Hospital ____ Primary Registration District No. 2015 Registered No. 139

FULL NAME OF CHILD Glen Nelson Moon
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— and — (To be answered only in event of plural births)		Yes	Aug 13 1922

What bactericidal solution was used in eyes? Cr. Ni.

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Ray T Moon	FULL MAIDEN NAME	LaVerl Nelson
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler M.D.
(Physician or midwife)

Address Burley Ida

Filed Oct 1 1922 E. W. Elmore
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9 1942

SEVERAL REASONS WHY A CERTIFI

BE FIL

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Heyburn, Ida
- Street: Delaware Drive 18th Road
- County: Minidoka

File Number: 104982

Registration Dist. No.:

Sex of Child: Male ~~Female~~

Date of Birth: Aug 13 1922

Father: Ray Thomas
Full Name

Mother: La Phil Nelson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Glenn Nelson Moon
Child's Name in Full

La Phil Moon
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

953-220-034-395

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Hospital .....

Registration District No. 19 File No. 104983

Primary Registration District No. 2015 Registered No. 140

FULL NAME OF CHILD Emma Mayoma Zeller
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug. 20, 1922

What bactericidal solution was used in eyes? Freshly prepared argyrol, 10 %

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Joseph Anthony Zeller	FULL MAIDEN NAME	Laura Wilhelmina Lind
RESIDENCE	Heyburn, Idaho	RESIDENCE	Heyburh, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	59	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Louisville, Ky	BIRTHPLACE	Grantsville, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rich

Physician
(Physician or midwife)

Address Burley, Idaho

Filed Oct 1 1922 Etta Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIF[illegible]
[illegible]E FILED FOR EACH CHILD AND THE SAME COM[illegible]

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hayfork

Street:

County: Trinity

File Number: 104983

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Aug 20 192...

Father: Joseph A. Anthony
Full Name

Mother: Laura Wohlheim
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Emma Mayona Zeller
Child's Name in Full

Mrs. M. Zeller
Signature of Father or Mother

and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

231-207-034255

PLACE OF BIRTH

RECEIVED
OCT 4 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Minidoka

City of Heyburn

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104984

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 141

FULL NAME OF CHILD Rowena Blacker

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug. 7 1922

What bactericidal solution was used in eyes? Freshly prepared argyrol, 10%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: William John Blacker	FULL MAIDEN NAME: Ella Kenyon
RESIDENCE: Heyburn, Idaho	RESIDENCE: Heyburn, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Almy, Wyo.	BIRTHPLACE: Denver, Colo.
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) C. A. Rich

Physician
(Physician or midwife)

Address Burley Idaho

Filed Oct 1, 1922 E. B. Elmore Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHO
E FILED FOR EACH CHILD AND THE OMPLETED WITH

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Heyburn

Street:

County: Minadoka

File Number: 104984

Registration Dist. No.:

Date of Birth: Aug. 7 1922

Sex of Child: Female

Father: Wm. Blacker (Full Name)

Mother: Ella Blacker (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Rowean Blacker

Child's Name in Full

Mrs. Ella Blacker

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

731-111-034-853

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104985

Registration District No. 19 File No. .....

Primary Registration District No. 2016 Registered No. 142

FULL NAME OF CHILD Chauncey William Platts

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept 11 1922

What bacteriocidal solution was used in eyes? 2% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chauncey W. Platts	FULL MAIDEN NAME	Veda Kate Hellwell
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Auto mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore M.D.

(Physician or midwife)

Address Rupert

Filed Sept 12 1922 E. H. Elmore Registrar

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

E OF I.

DEPARTMENT OF PUBLIC . . . ARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ...Rupert.....

Street .....

County ...Minidoka.....

File Number .....109 104985.....

Registration Dist. No. .....

Date of Birth ....Sept 11.....192.2

Sex of Child.....Male.....

Father Chauncey William Platts (Full Name) Mother Veda Kate Hellewell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Chauncey William Platts Jr (Child's Name in Full)

Veda Platts (Signature of Father or Mother)

APR 17 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
296-101-034-459

RECEIVED
OCT 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104986

County of Minidoka
City of Rupert
No. ____ St.
Hospital

Registration District No. 19
Primary Registration District No. 2013
File No. ____
Registered No. 143

FULL NAME OF CHILD Frank Leslie Brooks
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct. 1 1922

What bacterioidal solution was used in eyes? 2% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank Herbert Brooks	FULL MAIDEN NAME	Florence Merrill
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) E. D. Elmore, M.D.
(Physician or midwife)

Address Rupert

Filed Oct. 1 1922 E. D. Elmore
Registrar.

7/221

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert, Idaho. Street: ..... County: Minidoka

File Number: 104986

Registration Dist. No. .....

Date of Birth: Oct. 1st 192.2

Sex of Child: Male

Father: Francis Herbert Brooks (Full Name) Mother: Florence Brassell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Frank Leslie Brooks
Child's Name in Full

Francis H. Brooks
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Amended 10/13/71

494201-034-345

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 104987
Local Reg. No.
Reg. Dist. No. 19

1. PLACE OF BIRTH

a. COUNTY: Minidoka

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rupert

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Minidoka

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rupert

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Marvel b. (Middle): Maurine c. (Last): Drury

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) 9 (Day) 1 (Year) 1922

FATHER OF CHILD

7. FULL NAME

a. (First): William b. (Middle): Thomas c. (Last): Drury

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Oklahoma

10. USUAL OCCUPATION: Electrician

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ella b. (Middle): c. (Last): Lunz

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Oklahoma

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. P. Groom

19. ADDRESS: Rupert, Idaho

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 1, 1922

22. REGISTRAR'S SIGNATURE: E. Elmore

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES X NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 104987

County of ..... Date Filed .....

RECEIVED OCT 12 1971 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Marvel Marine Druery (Name on Original Certificate) who was born (Was Born or Died) on Sept. 1, 1922 (Date of Event) in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) prepared on 10/11/27 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Marvel Marine Druery	Marvel Maurine Drury
Full Name of Father	Tom Druery	William Thomas Drury

Subscribed and sworn to before me this 26th day of December 1967

Elva B. Stubbs

Notary Public, residing at Fresno, Calif

My commission expires July 10-69

(Seal)

Signed Marvel Maurine Drury (Arlene)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2510 Elton Ave Bakersfield Calif 93306

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Fresno }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of December, 1967

Elva B. Stubbs

Notary Public, residing at Fresno Calif

My commission expires July 10/69

(Seal)

Signed Sarah C. Knudson

(Signature of Any Credible Person)

3221 E. Nevada 93702

(Street Address, City, State)

Fresno, California

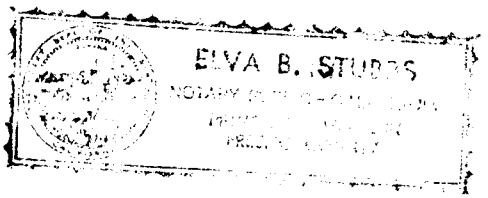
(Rush) CL 7-20-67. three copies pd. rec. #16276.

FORM DH 60-155

Transcript from Bakerfiled City Schools, Bakersfield, California gives name as Marvel Maurine Drury and father's name as W. T. Drury. Birthdate as Sept. 1, 1922. Latest date on report is 1-26-34.

ELVA B. STUBBS

Assignment of Distributuve Share of Legatee and Devisee for the estate of William Thomas Drury. Gives dauther's name as Maurine Ahlgren and wife's name as Ella D. Drury. Dated Sept. 8, 1954. Viewed by V. S.



744105-034-792

PLACE OF BIRTH

RECEIVED OCT 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19

File No. 104988

Hospital .....

Primary Registration District No. 2012

Registered No. 145

FULL NAME OF CHILD JACK ALFRED GUMMERSON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		Yes	9 5 1922

What bactericidal solution was used in eyes? a g no 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Jno L. Gummerson	FULL MAIDEN NAME Mary E. Lubean
RESIDENCE Twin Falls	RESIDENCE Twin Falls Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Neb
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C Emerson MD
(Physician or midwife)

Address Rupert Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Oct 1 1922 Ett Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE

- - - - - - - - - - -

Registration is part of every

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Minidoka }

Certificate No. 104988
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for (Name on original certificate) who Born (Was born or died) on September 5, 1922 (Date of event)
in Rupert Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Unnamed Gumerson	Gummerson
Name	Unnamed	Jack Alfred Gummerson

Subscribed and sworn to before me this 29th
day of November, 1941
Reed Hanson
Notary Public, residing at Rupert Idaho
My commission expires April 23, 1944
[SEAL]

Signed Mary Evelyn Gum
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route #1 Rupert Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of November, 1941
Reed Hanson
Notary Public, residing at Rupert Idaho
My commission expires April 23, 1944
[SEAL]

Signed John L Gummerson
(Signature of any credible person other than the previous affiant.)
Route #1 Rupert Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

219-103-034-123

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 4 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104989

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19

File No. .....

Hospital .....

Primary Registration District No. 2015

Registered No. 146

FULL NAME OF CHILD Barton Bailey

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	9 3 1922

What bacteriacidal solution was used in eyes? Ogo No 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Ross S Bailey	FULL MAIDEN NAME Lillian Castle
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Co Co	BIRTHPLACE Wyoming
OCCUPATION U.S. Milkman	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at Rupert at 7 9 M. on the date above stated.

(Born alive or stillborn)

(Signature) C R Groom MD

(Physician or midwife)

Address Rupert

Filed Oct 4 1922 Edith Edmonds

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-107-034-362

PLACE OF BIRTH

RECEIVED OCT 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 104990

Primary Registration District No. 2015 Registered No. 147

FULL NAME OF CHILD Roy N. Hondo
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	9 - 7 - 1922

What bactericidal solution was used in eyes? Ago No. 3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	J. M. Hondo	FULL MAIDEN NAME	Tokeuchi
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	Jap	COLOR	Jap
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born dead at 9 a M. on the date above stated. 1 Photostat copy 1/6/42
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birt

(Signature) P. Groom M.D.
(Physician or midwife)

Give names added from a supplemental report.

Address Rupert Idaho

Filed Oct 1 1922 Etta Elmore
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF IDAHO

WELFARE

se, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Rupert; Street R 5; County Minidoka

File Number 104990

Registration Dist. No. .....

Sex of Child Male

Date of Birth Sept 7 1922

Father Tokuichi Hondo (Full Name)

Mother Sumeya Takauchi (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Roy N. Hondo
Child's Name in Full

T. Hondo
Signature of Father or Mother

AUG 27 1931

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE; - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

259-209-038-454

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED OCT 4 1922 BUREAU OF VITAL STATISTICS

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 104991

Primary Registration District No. 2015 Registered No. 148

FULL NAME OF CHILD ANNA JULIA BERNARD
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9 - 9 - 1922

What bactericidal solution was used in eyes? ago No 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Alphonse Bernard	FULL MAIDEN NAME	Agnes Mevleman
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	France	BIRTHPLACE	Idaho
OCCUPATION	Sheepman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Barnaline (Born alive or stillborn), at 12 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom
M.D.
(Physician or midwife)

Address Rupert Idaho

Filed Oct 1 1922 Ett Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 104991

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Anna Julia Bernard

Subscribed and sworn to before me this 16th
day of February, 1943.

D. L. Stovall

Notary Public, residing at Pocatello, Idaho

My commission expires March 21, 1943
(SEAL)

Signed Agnes Bernard Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Mackay, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16
day of February, 1943.

D. L. Stovall

Notary Public, residing at Pocatello Ida.

My commission expires 3-21-43
(SEAL)

Signed Lillian MacFee
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

M K Trailer Camp Pocatello Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 1 5 1943 By
(REGISTRAR'S SIGNATURE)

FEB 23 1943

415-209-034-365

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 104992

Primary Registration District No. 2015 Registered No. 149

FULL NAME OF CHILD Effie May Davis.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9-9-1922

What bactericidal solution was used in eyes? ago Nz

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jno A. Davis	FULL MAIDEN NAME	Eliz Comer
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ark.	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Barndine at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. P. Groom
M. D.
(Physician or midwife)

Address Rupert Idaho

Filed Oct 1 1922 Ett Elmore
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1951
FEB 11 1966

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

491-223-034-629

PLACE OF BIRTH

RECEIVED OCT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 104993

Primary Registration District No. 2015 Registered No. 150

FULL NAME OF CHILD Gladys Arvella Drake
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9 - 23 - 1922

What bactericidal solution was used in eyes? Argyrol Ag No. 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Miles C. Drake	FULL MAIDEN NAME	Mary ~~Obyyer~~ O'Brien
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Colo.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 5 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Graam
M. D.
(Physician or midwife)

Address Rupert Idaho

Filed Oct 1 1922 Ed Elmore
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

SEVERAL RE

E FILED FO

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Paul

Street:

County: Mineola

File Number: 104993

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Sept. 23 1922

Father: Miles C. Drake (Full Name)

Mother: Mary O'Brien (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gladys Arvilla Drake. (Child's Name in Full)

Mrs. Mary Drake. (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

168-127-034-533

PLACE OF BIRTH

RECEIVED
OCT 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 104994

Primary Registration District No. 2015 Registered No. 151

FULL NAME OF CHILD John William Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	9 - 27 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	W. Ray Johnson	FULL MAIDEN NAME	Matilda Elliott
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Colo	BIRTHPLACE	Colo
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 3 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M. D.
(Physician or ~~midwife~~)

Address Rupert Idaho

Filed Oct 1 1922 Ett Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-227-034-382

PLACE OF BIRTH

RECEIVED
OCT 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 104995

Primary Registration District No. 2015 Registered No. 152

FULL NAME OF CHILD Iris Elaine Halloway
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9 - 27 1922

What bactericidal solution was used in eyes? Ag No.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Walter Halloway	FULL MAIDEN NAME	Anna Tyson
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Mbr.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom
M. D.
(Physician ~~or midwife~~)

Address Rupert Idaho

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed Oct 1 1922 E. H. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 18 1947

559-123-06-355

PLACE OF BIRTH

name added 9-25-8[redacted]

County of Cassia

City of Rupert

No. ..... St.

Hospital .....

RECEIVED
OCT 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104996

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 153

FULL NAME OF CHILD Henry Earnest Neilson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1		2	yes	9-23-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag N O3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Henry Neilson	FULL MAIDEN NAME	Mirah Lee
RESIDENCE	Rupert Ida	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Colo	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fayre Kenagy M.D.
(Physician or midwife)

Address Rupert Idaho

Filed Oct 1 1922 Ett Ehrman
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 104996

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Neilson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 23, 1922 (Date of Event) in Rupert, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Henry Earnest Neilson

Subscribed and sworn to before me this 13th day of September, 19 84

Notary Public, residing at Minidoka County

My commission expires Oct 1985

(Seal)

Signed Mary Vallam Little
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

405 Maple St Rupert, Ida,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of September, 19 84

Notary Public, residing at Minidoka County

My commission expires Oct 1985

(Seal)

Signed Bonita Lee Day
(Signature of Any Credible Person)

1559 Elba Burley, Ida-83318.
(Street Address, City, State)

FORM DH 60-155

CL 10/25/77 nm

1cc

Notice of Classification lists Henry Earnest Neilson classified 2-C dated Feb 26, 1943. Viewed by V.S.

Certificate of Fitness from Selective Service System lists Henry Earnest Neilson as name. Dated May 23, 1945. Viewed by V.S.

169-102-034-294

PLACE OF BIRTH

REC[redacted]
OCT 1 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
[redacted]TMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of R F D Rupert Idaho

No. ..... St.

Registration District No. 19 File No. 104997

Hospital .....

Primary Registration District No. 2015 Registered No. 154

FULL NAME OF CHILD Donald R. Mortensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept 2nd 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robert Benjamin Mortensen	FULL MAIDEN NAME	Aramia Marie Kidd
RESIDENCE	Minidoka Co. Idaho	RESIDENCE	Minidoka Co. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5-15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Address Rupert, Idaho

Filed Oct 1 1922 E. H. Elmore
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A C

[illegible] FILED [illegible] CH CHILD AND THE

STATIS

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City: Rupert
Street: R.F.D. #2
County: Minadoka

File Number: 104997

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Sept 2 1922

Father: Robert Benjamin Mortensen
Full Name

Mother: Arania Marie Kidd
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Donald K. Mortensen
Child's Name in Full

Robert B. Mortensen
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

632-219-034-319 Amended Child's Middle Name 5-16-2005 LMC

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of

No. St.

Hospital

Registration District No. 19 File No. 104998

Primary Registration District No. 2015 Registered No. 155

FULL NAME OF CHILD Mary ~~Geneva~~ LaVere Olson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept (Day) 19" (Year) 1922
Female		yes	

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Leo Olson	FULL MAIDEN NAME	Vera Card
RESIDENCE	Minidoka Co Idaho	RESIDENCE	Minidoka Co. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Rupert, Idaho

Filed Oct 1 1922 Ett Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 6 2005

3-16-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

RECEIVED
MAY 16 2005
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 104998
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Mary Geneva Olson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 19,1922 (Date of Event)

in Minidoka County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Mary Geneva Olson	Mary LaVere Olson

Subscribed and sworn to before me this 18th day of August, 1984

Notary Public, Clyda Carpenter
Residing at 220 Oakley, Burley, Ida 83318
My commission expires 6/1/86
(Seal)

(LaVere Olson Warfield)
x LaVere Warfield
Signature of Applicant
x 237 Uinta, # 11, Evanston, Wyo. 82930
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of August, 1984

Notary Public, Clyda Carpenter
Residing at 220 Oakley, Burley, Ida 83318
My commission expires 6/1/86
(Seal)

Vera Olson
Supporting Signature
1518 Albion Ave
Street Address, City, State
Burley, Idaho 83318

Certificate of Baptism from The Church of Jesus Christ of Latter-day Saints for Mary Lavere Olson daughter of Leon P. Olson and Vira Card born on September 19, 1922 in Heyburn, Minidoka, Idaho was blessed on Nov. 5, 1922 by Wilson A. Warner. Viewed by VS

Certificate of Baptism and Confirmation from The Church of Jesus Christ of Latter-day Saints for Mary LaVere Olsen born to Leo Peter Olsen and Vera Card born September 19, 1922 at Heyburn, Minidoka, Idaho was baptized on january 4, 1931 by Marion Thaxton. Confirmed in the Church on January 4, 1931. Viewed by VS

454-107-034-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104999

County of Minidoka

City of

No. St.

Hospital

Registration District No. 19 File No.

Primary Registration District No. 2015 Registered No. 156

FULL NAME OF CHILD Julius Harold Meuleman

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 3rd 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Julius A. Meuleman	FULL MAIDEN NAME	Ila Mary Condit
RESIDENCE	Minidoka Co. Idaho	RESIDENCE	Minidoka Co. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Belgium	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Leland Frazier

Physician

(Physician or midwife)

Address Rupert Idaho

Filed Oct 1 1922 E. D. Elmore

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Jan. 29 1923

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert

Street: N. H.

County: Minidoka

File Number: 104999

~~Registration~~ school Dist. No.: 16

Date of Birth: September 3 1922

Sex of Child: Male

Father: Julius A. Meuleman (Full Name)

Mother: Ola Mary Condit (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Julius Harold Meuleman
Child's Name in Full

Julius A. Meuleman
Signature of Father or Mother

Ola Mary Meuleman.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

165-201-035-679

PLACE OF BIRTH

[redacted] 25m-9-8-15

SEP 18 1922 BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. 1548 - Main St.

Hospital St Josephs Hosp.

Registration District No. 96 File No. 105000

Primary Registration District No. 1009 Registered No. 171

FULL NAME OF CHILD Patricia Jean Jones

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes.	8 - 1 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank B Jones	FULL MAIDEN NAME	Gertrude B Warren
RESIDENCE	Lewiston Ida.	RESIDENCE	Lewiston, Ida.
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Life Ins. Agt.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Ida.

Filed 9/8/ 1922 F. T. Harris, M.D.

Registrar Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1941

SEP 26 1950

546-264.035-251

PLACE OF BIRTH

RECEIVED
SEP 15 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105001

County of Nizperce

City of Lewiston

No. 730-11 St.

Registration District No. 96 File No.

Hospital

Primary Registration District No. 1009 Registered No. 172

FULL NAME OF CHILD Virginia Edwards
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Aug 4 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Louis F. Edwards	FULL MAIDEN NAME	Jessie E. Knapp
RESIDENCE	730-11th Lewiston	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Barber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Braddock
(Physician or midwife)

Address Lewiston Idaho

Give names added from a supplemental report.

, 19

Registrar.

Filed 9/8/ 1922 F. T. Harris, M.D.
Registrar.

Braddock

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 26 1941

[redacted]

RELEASED

315-206-035-497

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105002

County of Nezperce
City of Lewiston
No. ____ St.
Hospital St. Josephs

Registration District No. 96 File No. ____
Primary Registration District No. 1009 Registered No. 173

FULL NAME OF CHILD Ruby Virginia Tandberg
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	8-6-1922

What bacterioidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Geo Tandberg	Bertha Lois Burson
MAIDEN NAME		
RESIDENCE	Rural Route #2, Lewiston, Ida	Rural Route #2, Lewiston, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	27
BIRTHPLACE	Norway	Oregon
OCCUPATION	Laborer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at 8:15 A. M. on the date above stated.

(Signature) O C Carson
(Physician or midwife)
Address Lewiston, Idaho

Filed 9/8/1922 F. T. Harris, M.D.
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASON[illegible]

[illegible] FILED FOR [illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Lewiston

Street: St. Josephs Hospital

County: Nez Perce

File Number: 105002

Registration Dist. No.:

Date of Birth: August 6th 1923.

Sex of Child: Female

Father: George T. A. Tandberg (Full Name)

Mother: Bertha Lois Wilson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Reuby Virginia Tandberg (Child's Name in Full)

Mrs. George Tandberg. (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

6/12/41 Z.J.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

No. [redacted]

Hospital White Primary Registration District No. 1009 Registered No. 174

FULL NAME OF CHILD Lewis Howard Mathews

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 7 1922

What bactericidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Ernest Noble Mathews	Nona Pearl Hacker
RESIDENCE	Clarkston Wash	Clarkston Wash
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Angola Ind	Green Kan
OCCUPATION	Shoer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W O Clark

Physician

(Physician or midwife)

Address Lewiston Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 9/8/ 1922 F. T. Harris, M. D.

Registrar.

715-169-35-264

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce
City of Lewiston
No. 162 - Parsons Ave., Registration District No. 96 File No. 105004
Hospital Primary Registration District No. 1009 Registered No. 175

FULL NAME OF CHILD John Paul
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8-9-1922

What bactericidal solution was used in eyes? 20 o/o Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank J. Paul	Mary Lorimar
RESIDENCE	Lewiston, Idaho	Lewiston, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	35
BIRTHPLACE	Czechoslovakia	Wisconsin
OCCUPATION	Machinist	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... **at** 4:45 A. M. **on the date above stated.**
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A C Canevaro
(Physician ~~or midwife~~)

Address Lewiston, Idaho

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

Filed 9/8/1922 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH PEN AND INDELIBLE INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 1972

SEP 10 1942

185·110·035·466

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

County of Nezperce

City of Lewiston

No. ..... St.

Hospital St. Joseph's

CERTIFICATE OF BIRTH 105005

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 176

FULL NAME OF CHILD Donald James Ayers
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Aug (Day) 10, (Year) 1922
Male		Yes	

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jack G. Ayers	FULL MAIDEN NAME	Agnes B. Moody
RESIDENCE	Clarkston, Wash	RESIDENCE	Clarkston, Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Indiana	BIRTHPLACE	Oregon
OCCUPATION	Stoker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 11 a. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carsson

(Physician ~~or midwife~~)

Address Lewiston, Idaho

Filed 9/8/ 1922 F. T. Harris, M.D.
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1942

995-110-235-613

PLACE OF BIRTH

[redacted] 11-C—25m-9-8-15

SEP 13 1922
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1509 Main St.

Hospital White

Registration District No. 96

File No. 105006

Primary Registration District No. 1009

Registered No. 177

FULL NAME OF CHILD Robert John ZINN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
MALE	X		X	Yes	Aug 10 1922

	FATHER	MOTHER
FULL NAME	John ZINN	FULL MAIDEN NAME Emma Walters
RESIDENCE	Lewiston. Ida	RESIDENCE Lewiston, Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years) 22
BIRTHPLACE	Germany	BIRTHPLACE Germany
OCCUPATION	Plumber	OCCUPATION Home Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1.30 A.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White

(Physician ~~or midwife~~)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19.....

Filed 9/8/ 19.22 F. T. Harris, M.D.

..... Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

AUG 27 1970

NOV 19 1975

493-212-035-913

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 415-12th St.

Registration District No. 96 File No. 105007

Hospital

Primary Registration District No. 1009 Registered No. 178

FULL NAME OF CHILD Helen Elizabeth Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Aug - 12 1922

What bactericidal solution was used in eyes? Silver Nitrat 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Paul Daniel Miller	FULL MAIDEN NAME	Lochie Madge Ratcliff
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Colo.	BIRTHPLACE	Wash D.S.
OCCUPATION	Confectioner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 6:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle
Physician
(Physician or midwife)

Address Lewiston Ida

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 9/8/ 1922 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 29 1955

381-212-035-213

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. ..... St.

Registration District No. 96 File No. 105008

Hospital .....

Primary Registration District No. 1009 Registered No. 179

FULL NAME OF CHILD Eleanor Estella Chase
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth (Month) Aug (Day) 12 (Year) 1922

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Stanley W. Chase	FULL MAIDEN NAME	Goldie Estella Baldwin
RESIDENCE	Rural Route #2, Lewiston	RESIDENCE	Rural Route #2, Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Carsson

(Physician ~~or midwife~~)

Address Lewiston, Idaho.

Filed 9/8/ 1922 F. T. Harris, M.D.
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1941

617-213-035-314

PLACE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105009

County of Nez Perce

City of Lewiston

No. 1504 Main St. Registration District No. 96 File No.

Hospital White Primary Registration District No. 1009 Registered No. 180

FULL NAME OF CHILD Lula Elvira Wagner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Aug 13 1922

What bactericidal solution was used in eyes? Argyrol 20 70

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	William Wagner	FULL MAIDEN NAME	Nora May Caudell
RESIDENCE	Cloverland Wash	RESIDENCE	Cloverland Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Whitehead N.C.	BIRTHPLACE	Whitehead N.C.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 7:30 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W O Clark

Physician
(Physician or midwife)

Address Lewiston Idaho

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 9/8/1922 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1968

713-114-035-695

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 0202 = 25th St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 105011

Primary Registration District No. 1009 Registered No. 182

FULL NAME OF CHILD Leslie August Galano

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 14 1922

What bactericidal solution was used in eyes? 1% sol. Ag No3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	William Galano	FULL MAIDEN NAME	Mary Orsi
RESIDENCE	City	RESIDENCE	City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) R. J. Perkins

(Physician or midwife)

Address Blackfoot Idaho

Filed 9/8/1922 E. T. Harris, M. D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

763-214-035-113

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of

No. St.

Hospital

Registration District No. 96 File No. 105012

Primary Registration District No. 1009 Registered No. 183

FULL NAME OF CHILD Santina Catherine Polillo
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 8-14-1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	P. Pollillio	FULL MAIDEN NAME	Louisa Jacci
RESIDENCE	R.R.#1, Lewiston, Ida	RESIDENCE	R.R.#1, Lewiston, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 11:30 a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Carsson

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Lewiston, Idaho

Filed 9/8/1922 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 4 1943

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce

Certificate No. 105012

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Mary Rustina (Name on Original Certificate) who born (Was Born or Died) on Aug. 14, 1922 (Date of Event) in Lewiston, Nez Perce County (Place of Event), are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Record, (Bible Record, Insurance Policy, Etc.) prepared on Jan. 28, 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mary Rustina	Santina Catherine Polillo

Subscribed and sworn to before me this 28th day of October, 1943.

Leo McCarty

Notary Public, residing at Lewiston, Idaho

My commission expires Sept. 20th, 1944

(Seal)

Signed Catarina Polillo

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

132-24th St. Lewiston, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of October, 1943.

Leo McCarty

Notary Public, residing at Lewiston, Idaho.

My commission expires Sept. 20th, 1944

(Seal)

Signed Pete Polillo

(Signature of Any Credible Person Other Than Previous Year)

132-24th St. Lewiston, Idaho

(Street Address, City, State)

DEC 1 0 [redacted]

547-114-035-238

Form V. S. No. 11-C—25m-9-8-15

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Nez Perce.

City of Lewiston

No. ..... St.

Hospital Whites

Registration District No. 96

File No. 105013

Primary Registration District No. 1009

Registered No. 184

FULL NAME OF CHILD Kenneth Ray Edgmond

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes.	8-14-1922

FATHER		MOTHER	
FULL NAME	Harold E. Edgmond.	FULL MAIDEN NAME	Bertha B. Bly.
RESIDENCE	Bly Wash.	RESIDENCE	Bly, Wash.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Wn.
OCCUPATION	Farmer	OCCUPATION	House wife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 8:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMeahan M. D.

(Physician or midwife)

Address Lewiston, Ida.

Given names added from a supplemental report.

..... 19.....

Filed 9/8/ 19 22 F. T. Harris, M. D.

Registrar

..... Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546-215-035-812

PLACE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105014

County of Nez Perce

City of Lewiston

No. 323-15th St.

Registration District No. 96 File No.

Hospital

Primary Registration District No. 1009 Registered No. 185

FULL NAME OF CHILD Vivian Lorene Edwards
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Aug-15-1922

What bactericidal solution was used in eyes? Silver Nitrat 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry E. Edwards	FULL MAIDEN NAME	Martha E. Hasfurther
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Nebr	BIRTHPLACE	Ida
OCCUPATION	Truck Driver	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2-30 P M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Tyle
Physician
(Physician or midwife)

Address Lewiston Ida

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 9/8/1922 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 2 1971

649-116-035-249

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105015

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Nezperce

City of Lewiston

No. ..... St.

Hospital St. Joseph's

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 186

FULL NAME OF CHILD Patrick Joseph Quinlan
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8-16-1922

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joseph A. Quinlan	FULL MAIDEN NAME	Grace E. Smith
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Ill
OCCUPATION	Railroad conductor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or still-born~~) at ..... 5. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C C Carson
(Physician ~~or midwife~~)

Address Lewiston, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 9/8/1922 E. T. Harris, M. D.
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Nez Perce)

Certificate No. 105015

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (birth or death) for Patrick Joseph Quinley (Name on original certificate) who was born (was born or died) on Aug. 16. 1922 (Date of event) in Lewiston (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by Bible record (Bible record, insurance plcy.etc.) prepared on Aug 16 1922 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Surname	Quinley	Quinlan

Subscribed and sworn to before me this 11 day of September 1944.

Signed J A Quinlan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Phil Steingueber
Notary Public
Residing at CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER

631-6th Avenue, Lewiston, Idaho
(Street address, City, State)

My commission expires.....

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Nez Perce)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of September 1944.

Signed Patricia Burke
(Signature of any credible person other than the previous affiant.)

Phil Steingueber
Notary Public
Residing at CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER

1322-9th avenue, Lewiston, Idaho
(Street address, City, State)

My commission expires.....,
(SEAL)

253-118-035-714

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
VITAL

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. ——— St.

Hospital St Joseph

Registration District No. 96 File No. 105017

Primary Registration District No. 1009 Registered No. 188

FULL NAME OF CHILD James Byron Keller
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Aug 18 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	James Keller	FULL MAIDEN NAME	Gladys PAUL
RESIDENCE	Guldesac	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Braddock
(Physician or midwife)

Address Lewiston Idaho

Filed 9/8/ 1922 F. T. Harris, M.D.
Registrar.

Give names added from a supplemental report.

....., 19....

Braddock
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 105017

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for James Keller (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 18, 1922 (DATE OF EVENT) in Lewiston, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by insurance policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on November 1, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	James	James Byron Keller
mothers name	Hall	Gladys Pauline

Subscribed and sworn to before me this 25 day of Feb., 19 42

John K. Phillips

Notary Public, residing at Lewiston, Ida.

My commission expires 6-21-45

(SEAL)

Signed James R. Keller. +
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of Feb., 19 42

John K. Phillips

Notary Public, residing at Lewiston, Ida.

My commission expires 6-21-45

(SEAL)

Signed Gladys A Keller +
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 13 1944

APR 8 1944

MAR 3 1944

319-222-035-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
1922
BUREAU OF VITAL STATISTICS

County of NezPerce

City of Lewiston,

No. 1504-Main St.

Hospital White

Registration District No. 96

File No. 105018

Primary Registration District No. 1009

Registered No. 189

FULL NAME OF CHILD Ramona [redacted] Larkin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 22-22 191 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gus Adolph Larkin	FULL MAIDEN NAME	Edith Thorpe
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Ohio
OCCUPATION	Labor	OCCUPATION	House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5.25 p.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed 9/8/ 1922 F.T.Harris, M.D.

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

451-223-035-244

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 10 1922
BUREAU OF VITAL STATISTICS

County of Nezperce

City of Lewiston

Registration District No. 96 File No. 105019

No. ____ St.

Hospital St. Joseph's Hospital

Primary Registration District No. 1009 Registered No. 190

FULL NAME OF CHILD Dorothy Jean Meader

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1			yes	8 / 23 / 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harlan L. Meader	FULL MAIDEN NAME	Lola B. Bumpus
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston, Ida.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Oregon.	BIRTHPLACE	Wn.
OCCUPATION	City employe	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. McMahan M. D.

(Physician or midwife)

Address Lewiston Idaho.

Given names added from a supplemental report.

....., 19.....

Registrar

Filed 9/8/1922 F. T. Harris, M.D.

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1942

417-123-035-79

PLACE OF BIRTH [redacted]

BUREAU OF VITAL STATISTICS

County of Nezperce — STATE OF IDAHO — CERTIFICATE OF BIRTH 105020

City of Lewiston — DEPARTMENT OF VITAL STATISTICS

No. ____ St. Registration District No. 96 File No. ____

Hospital St Joseph's Primary Registration District No. 1009 Registered No. 191

FULL NAME OF CHILD Richard Xavier Maguire

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 23 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Charles E Maguire	FULL MAIDEN NAME May Preston
RESIDENCE 331-1st Ave	RESIDENCE Same
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 56 (Years)	AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE Pennsylvania	BIRTHPLACE Illinois
OCCUPATION Retired	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Bradford

(Physician or midwife)

Address Lewiston, Ida

Give names added from a supplemental report.

....., 19.....

Bradford. Registrar.

Filed 9/8/1922 F. T. Harris, M.D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1 1942

MAY 4 1948

366-124-035-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105021

County of Nezperce

City of Lewiston

No. ..... St. Registration District No. 96 File No. .....

Hospital St Joseph Primary Registration District No. 1009 Registered No. 192

FULL NAME OF CHILD Thomas Edison Lowe
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Aug 24 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Benjamin F. Lowe	FULL MAIDEN NAME	Margaret Smith
RESIDENCE	717 - 9th Ave	RESIDENCE	Same
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	New York
OCCUPATION	Trav. salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson
(Physician ~~or midwife~~)

Address Lewiston, Ida

Filed 9/8/1922 F. T. Harris, M.D.
Registrar.

Give names added from a supplemental report.

....., 19....

Johnson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

754-124-035-296

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 318 G St.

Registration District No. 96 File No. 105022

Hospital

Primary Registration District No. 1009 Registered No. 193

FULL NAME OF CHILD Marcus Emil Pederson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Aug 24 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Alfred E. Pederson	Josephine A. Brown
RESIDENCE	Lewiston	Lewiston
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	39	34
BIRTHPLACE	Minn	Kans
OCCUPATION	Barber	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. M. Tyle
Physician
(Physician or midwife)

Address Lewiston Ida

Filed 9/8/1922 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1975

SEP 1 1942

DEC 21 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

632-130-035-593

PLACE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

Registration District No. 96 File No. 105023

No. 1417 Idaho St.

Primary Registration District No. 1009 Registered No. 194

Hospital

FULL NAME OF CHILD Frank William Olson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes.	8 - 30 - 1922

FATHER	MOTHER
FULL NAME Oscar W. Olson	FULL MAIDEN NAME Mary R Vinecore
RESIDENCE Lewiston	RESIDENCE Lewiston
COLOR W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Wn.	BIRTHPLACE Ills.
OCCUPATION Blacksmith	OCCUPATION Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan

M. D.
(Physician or midwife)

Address Lewiston, Idaho

Given names added from a supplemental report.

.....19.....

Filed 9/8/ 19 22 F. T. Harris, M.D.

Registrar

Registrar

S-Y-CO 38071

AUG 9 1957

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 451-120-035-461

RECEIVED OCT 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lapwai

No. ..... St.

Registration District No. 97 File No. 105024

Hospital ..... Primary Registration District No. 2174 Registered No. ....

FULL NAME OF CHILD Merritt Gordon Meacham
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	yes	Sept 20 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 25 o/o Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Merritt Meacham	FULL MAIDEN NAME	Sylvia Doak
RESIDENCE	Lapwai	RESIDENCE	Lapwai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	California	BIRTHPLACE	West Virginia
OCCUPATION	farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11.45 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William H Habel MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Lapwai

Filed Sept 20 1922 William H Habel
Registrar.

JUN 18 19[illegible]

157-103-035-614

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Nez Perce

City of Sweetwater

RECEIVED OCT 3 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105025

No. ..... St. ..... Registration District No. 97 File No. 6

Hospital ..... Primary Registration District No. 2174 Registered No. .....

FULL NAME OF CHILD Glenn Lewis Angel
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	yes	Sept 3 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 25% - Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER		MOTHER
FULL NAME	Chester Angel	FULL MAIDEN NAME	Goldie Fansler
RESIDENCE	Sweetwater	RESIDENCE	Sweetwater
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Indiana	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William H Habel MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Address Lapwai Ida

Filed Sept 3 1922 William H Habel
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

434-120-035-175

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lapwai

Registration District No. 97

File No. 105026

No. ..... St.

Primary Registration District No. 2174

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ VANCE J. McMurray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sep 20 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mont J. McMurray	FULL MAIDEN NAME	Rose Agee
RESIDENCE	Fort Lapwai	RESIDENCE	Fort Lapwai
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	~~48~~ 42	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	North Carolina	BIRTHPLACE	Arkansas
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L F Smith M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Fort Lapwai Idaho

Filed Sept 30 1922 William [illegible] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 105026

County of Nez Perce } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Vayne McMurray (Name on Original Certificate) who Born (Was Born or Died) on 9-20-1922 (Date of Event)

in Lapwai Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge

true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on 9-20-1922 (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Vance ~~Vayne~~ Mc Murray	Vance J. McMurray
	Vayne McMurray	

Subscribed and sworn to before me this 9

day of March, 1942

C P Hinkle

Notary Public, residing at Lewiston

My commission expires 2-10-1945

(Seal)

Signed Rose McMurray

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

119-13th Lewiston Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that th are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous

(Street Address, City, State)

299-216-035-793

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105027

County of Nezperce RECEIVED OCT 5 1922 BUREAU OF VITAL STATISTICS

City of Culdesoc

No. — St. Registration District No. 92 File No. 10

Hospital — Primary Registration District No. 2170 Registered No. 7

FULL NAME OF CHILD Sylvia Dida Kirkpatrick
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	\		\	Yes	Aug 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Yes silver nitrate 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Dewey Kirkpatrick	FULL MAIDEN NAME	Clara Gillett
RESIDENCE	Culdesoc Ida	RESIDENCE	Culdesoc Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

Physician
(Physician or midwife)

Address Reubens Ida

Filed 9-12 1922 E. E. Watts
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-120-035-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105028

County of Nez Perce

City of Reubens

Registration District No. 92

File No. 70

No. ..... St.

Primary Registration District No. 2170

Registered No. 8

Hospital .....

FULL NAME OF CHILD Virgil Howard Pitts

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	9- 20 1922

FATHER		MOTHER	
FULL NAME	James Howard Pitts	FULL MAIDEN NAME	Edna Pearl Woods
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19....

Registrar

Filed 9- 20 1922

E. E. Watts
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1 1942

459-216-03 [redacted]

PLACE OF BIR[redacted]

County of Nez P[redacted]

City of Melrose

BUREAU [redacted] STATISTI[redacted]

CERTIFICATE OF BIRTH 105029

No. ..... St.

Registration District No. 92 File No. .....

Hospital .....

Primary Registration District No. 2170 Registered No. 9

FULL NAME OF CHILD ~~Purel Meier~~ DORA PEARL MEIER

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Sept 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nit & Boric acid Sol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	George H. Meier	FULL MAIDEN NAME	Janie Fretheray
RESIDENCE	Melrose Ida	RESIDENCE	Melrose Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Pa-	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

Physician (Physician or midwife)

Address Reubens Ida

Filed 9-30 1922 E. E. Watts

Registrar.

Give names added from a supplemental report.

....., 19....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1 1949

863-204-036-255 child's full name amended 6/24/03 11t

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105031

County of Oneida

City of Holbrook Ida.

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 120

Hospital

FULL NAME OF CHILD Louise Holbrook

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 6 (Month) 4 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Robert Holbrook	FULL MAIDEN NAME	Kennie Benson
RESIDENCE	Holbrook Ida.	RESIDENCE	Holbrook Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Bountiful Utah	BIRTHPLACE	Whitney Ida.
OCCUPATION	Farmer.	OCCUPATION	Housed

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Karns, M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Malad Ida.

Registrar

Filed Sept 5 1922 R J Maver M.D
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C— 5m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year) 19__
	(To be answered only in event of plural births)				

FULL NAME	FATHER	FULL HAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Signature)

(Physician or midwife)

(Given names added from a supplemental report.

19 Address

Filed 19

Registrar Registrar

MARGIN RESERVED FOR BINDING

WHITE PLAINLY WITH UNFAIRING INK—THIS IS A PERMANENT RECORD

*Where there is more than one child or a stillborn child, a separate return must be made for each, and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____

Certificate No. 1922-105031

Date Filed 9/9/22

The undersigned does solemnly swear that certain facts on the certificate of **birth** (Birth, Death, Marriage, etc.) for **unknown** (Name on Original Certificate) who **was born** (Was Born, Died, etc.) on **June 6, 1922** (Date of Event Reported on Original Certificate) in **Holbrook, Idaho (Oneida)** (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's full name	Unknown	Louise Holbrook

Subscribed and sworn to before me this 11TH day of JUNE, 2003

Notary Public, _____

Residing at RANCHO CORDOVA, CA.

My commission expires 01/02/06
(Seal)

CRAIG L. WAHLQUIST
Comm. # 1333282
NOTARY PUBLIC CALIFORNIA
Sacramento County
My Comm. Expires Jan 2 2006

Theodore M. Thomas
Signature of Applicant

X 4908 FAN Wood WAY
ANTELOPE, CA 95843
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)
(Is not necessary ☒)

State of _____ } SS
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

5/9/03

State of Idaho birth certificte dated 9/24/48 state file #1948-10271 for Patricia Kay Callahan shows mother's name as Louise Holbrook. Viewed by VS

Walnut Whitney Convalescent record of Admission for Louise Holbrook dated 11/1/93. Admit #4498-00. VIewed by VS

793-208-036-386 name added 10-25-84 dl

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

SEP 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105032

County of Oneida

City of Malad

Registration District No. 24 File No.

No. St.

Primary Registration District No. 2069 Registered No. 121

Hospital

FULL NAME OF CHILD Mary June Gilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	6 - 8 1922

FATHER		MOTHER	
FULL NAME	Joseph Gilson	FULL MAIDEN NAME	Mary Tharpe
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Pouquitch Utah	BIRTHPLACE	Samaria Ida
OCCUPATION	Farmer.	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Malad Ida

Filed Sept 5 1922

R. T. Mann M.D
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards and Local Health Services

RECEIVED
OCT 15 9 07 AM '84
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss.
County of Ada

Certificate No. 105032
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Gilson (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 8, 1922 (Date of Event)

in Malad, Oneida Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name of child	unnamed	Mary June Gilson

Subscribed and sworn to before me this 15th day of October, 1984.

Notary Public, Linda Hickman
Residing at Boise
My commission expires April 3, 1985
(Seal)

x Mary June Fogerson
Signature of Applicant

x 1930 Idaho Am. Falls Ida
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

10/15/84

1cc + 1 cert pd.

1cc 1bc

Birth certificate of child born April 2, 1939 at American Falls S.F. #279401 gives mother as Mary June Gilson age 16 born at Malad, Idaho. Viewed by V.S.

OCT 25 19[illegible]

Baptism Certificate for Mary June Gilson daughter of Joseph R Gilson and Marty Thorpe born June 8, 1922 at Malad was baptised Aug 2, 1930. Viewed by V.S.

795-217-036285

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad Ida

Registration District No. 26 File No. 105033

No. ..... St.

Primary Registration District No. 2069 Registered No. 122

Hospital .....

FULL NAME OF CHILD Alice Roselyn Pierson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	6 (Month) 17 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Vernal Pierson	FULL MAIDEN NAME	Sarah Sheriff
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Plymouth Utah	BIRTHPLACE	Ohio.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~[illegible]~~ alive, at 2:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Filed Sept 5 1922

R. J. Maner M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 19..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad City Idaho

Street: .....

County: Oneida

File Number: 105033

Registration Dist. No.: 2

Sex of Child: Female

Date of Birth: June 17, 1922

Father: Vernal Pierson
Full Name

Mother: Sarah Edna Sheriff
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Alice Roslyn Pierson
Child's Name in Full

Mrs. Vernal Pierson
Signature of Father or Mother

SEP 16 1942

JUN 22 1973

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

165-12-036-386

PLACE OF BIRTH

RECEIVED SEP 9 1922 VITAL

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 24 File No. 105034

No. ..... St.

Primary Registration District No. 2064 Registered No. 123

Hospital .....

FULL NAME OF CHILD EDWARD BOYD JONES, JR.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes.	6 - 27 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ed. B Jones	Lula Thomas.
RESIDENCE	Malad Ida	Malad Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	18
BIRTHPLACE	Malad Ida	Malad Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6 a M.
(Born alive or stillborn)
on the date above stated.

(Signature) J. M. Nuno.
M. D.
(Physician or midwife)

Address Malad Ida

Filed Sept 5 1922 BTM over M.D.
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Oneida } ss.

Certificate No. 105034

Date Filed FEB [illegible] 42

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Edward Boyd Jones (Name on Original Certificate) who was born (Was Born or Died) on June 27, 1922 (Date of Event)
in Malad City, Oneida Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by record of blessing (Bible Record, Insurance Policy, Etc.) prepared on Sept. 5, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Ed B. Jones Jr.
Edward Boyd Jones		Edward B. Jones Jr.

Subscribed and sworn to before me this 5th
day of Feb., 19 42

Notary Public, residing at Malad City, Idaho

My commission expires Nov. 1, 1944
(Seal)

Signed Lula T. Jones Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad City, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Oneida } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of Feb., 1942

Notary Public, residing at Malad City, Idaho

My commission expires Nov. 1, 1944
(Seal)

Signed Alice Funk
(Signature of Any Credible Person Other Than Previous Year)

Malad City, Idaho
(Street Address, City, State)

1942

356-106-036-432

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 24 File No. 105035

Primary Registration District No. 2069 Registered No. 124

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes.	7 (Month) - 6 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. Lewis	FULL MAIDEN NAME	Jamie McKay
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8.45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Registrar

Filed Sept 5 1922 R. T. Maurer M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-123-036-245

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Stone

Registration District No. 26 File No. 105036

No. ..... St.

Primary Registration District No. 2064 Registered No. 125

Hospital .....

FULL NAME OF CHILD Lawrence Bunderson Cottle

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter D. Cottle	FULL MAIDEN NAME	Leah Bunderson
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Plain City Utah	BIRTHPLACE	Stone Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Wardleigh M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Filed Sept 5 1922 R W Moser M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Stone

Street: .....

County: Oneida,

File Number: 105036

Registration Dist. No.: .....

Sex of Child: Male

Date of Birth: July 23 1922.

Father: Walter D. Cottle
Full Name

Mother: Leah Bundesson, Cottle,
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Lawrence Bundesson Cottle
Child's Name in Full

Walter D. and Leah B. Cottle
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

386-201-036 282

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP - 5 1922 BUREAU OF VITAL STATISTICS

County of Oneida

City of Malad Registration District No. 24 File No. 105037

No. ____ St. ____

Primary Registration District No. 2064 Registered No. 126

Hospital ____

FULL NAME OF CHILD Ruth Bybee Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 1st 1922

	FATHER	MOTHER
FULL NAME	John C Thomas	Mahala Bybee
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	27 (Years)
BIRTHPLACE	Malad	Utah
OCCUPATION	Farming	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1.45 P. M. on the date above stated.

(Signature) J F Alton

(Physician or midwife)

Address Malad

Filed Sept 5 1922 R J Turner M D Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Oct 3 192.2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street: .....

County: Oneida

File Number: 105037

Registration Dist. No.: 1

Sex of Child: Female

Date of Birth: Aug 1 192.2

Father: John E Thomas (Full Name)

Mother: Malvala Bybee (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ruth Bybee Thomas

Child's Name in Full

Malvala B. Thomas

Signature of Father or Mother

AUG 2 1948

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

231-203-036-236

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 24 File No. 105038

No. ..... St.

Primary Registration District No. 2069 Registered No. 127

Hospital .....

FULL NAME OF CHILD Mable Stallard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes.	8 (Month) 3 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank A. Stallard	FULL MAIDEN NAME	Fay Scott
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Orange City Calif	BIRTHPLACE	Mt. Pleasant Utah
OCCUPATION	Plumber.	OCCUPATION	Housewife. Nurse

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Registrar

Filed Sept 5 1922

R. T. Miner M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-10-41

APR 14 1970

852-103-036-592

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Oneida

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Malad Registration District No. 26 File No. 105039

No. ..... St. Primary Registration District No. 2069 Registered No. 128

Hospital .....

FULL NAME OF CHILD Emery Wayne Hess

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
Male		6	Yes	Aug 3 1922

	FATHER	MOTHER
FULL NAME	Lawrence Hess	FULL MAIDEN NAME Ida L Rush
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	32
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J. F. Clifton

(Physician or midwife)

Address Malad

Filed Sept 5 1922 R T Mauer M D

Registrar

RECEIVED
OCT 23
BUREAU OF VITAL STATISTICS
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate. As this is a matter of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Malad

Street .....

County Oneida

File Number 105039

Registration Dist. No. 2

Date of Birth August 4 1922

Sex of Child Male

Father John Laurena Hess (Full Name) Mother Ida Istella F... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Emery Wayne Hess
Child's Name in Full

Ida Istella Hess
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-105-036-439

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 9 1922 BUREAU OF VITAL

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Holbrook

Registration District No. 24 File No. 105040

No. ..... St.

Primary Registration District No. 2069 Registered No. 129

Hospital .....

FULL NAME OF CHILD Erwin La Moyne Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 5 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Willard Richards Smith	FULL MAIDEN NAME Laura McIntosh
RESIDENCE Holbrook Idaho	RESIDENCE Holbrook Idaho
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Fielding Utah	BIRTHPLACE Alabama
OCCUPATION Auto Mechanic	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Wardleighm D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Filed Sept 5 1922 R T Maner M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OHAIO STATE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Hotbrook Ida.
- Street: .....
- County: Nevada

File Number: 105040

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Aug 5 1922

Father: [illegible] Richard Smith
Full Name

Mother: Laura McIntosh
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ervin LaMoyne Smith
Child's Name in Full

Laura Smith
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

766-206-036-141

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

Registration District No. 24 File No. 105041

Primary Registration District No. 2069 Registered No. 130

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 6 1922 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Clarence E Goodsell	FULL MAIDEN NAME	Cora B Adams
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Malad
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Sept 5 1922 R T Maurer Mass
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

854-107-036-162

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105042

County of Oneida

City of Malad

Registration District No. 24 File No.

No. St.

Primary Registration District No. 2069 Registered No. 131

Hospital

FULL NAME OF CHILD Keith Joseph Medrick

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph H Hedrick	FULL MAIDEN NAME	Grace Joseph
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Malad

Filed Sept 5 1922

R. T. Maurer Mrs
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
NOV 21 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street: .....

County: Oneida

File Number: 105042

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: August 7 1922

Father: R. W. Westrick (Full Name)

Mother: Grace Joseph (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Keith Joseph Westrick.
(Child's Name in Full)

Mrs R. W. Westrick
(Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

356-208-036-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

RECEIVED SEP 3 1922 BUREAU OF VITAL STATISTICS

Registration District No. 24 File No. 105043

No.

Hospital

Primary Registration District No. 2069 Registered No. 132

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	Aug	8	1922

FATHER

FULL NAME: David J Lewis

RESIDENCE: Malad

COLOR: White AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Malad

OCCUPATION: County Assessor

MOTHER

FULL MAIDEN NAME: Maude Thomas

RESIDENCE: Malad

COLOR: White AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Malad

OCCUPATION: Housewife

Number of child of this mother, including present birth: 6 Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

(Signature) J. F. Elton

(Physician or midwife)

Address Malad

Filed Sept 5 1922

R T Mauer Registrar

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

665-108-036-994

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 24 File No. 105044

No. ..... St.

Hospital .....

Primary Registration District No. 2069 Registered No. 133

FULL NAME OF CHILD Stanley Robert Owens

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	8 (Month) – 8 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard E. Owens	FULL MAIDEN NAME	Sada Riddle
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Malad Ida	BIRTHPLACE	Morgan Utah
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Filed Sept 5 1922

B J Mower M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad City

Street: Main street

County: Oneida

File Number: 105044

Registration Dist. No.: 1

Sex of Child: Male

Date of Birth: August 8 1922

Father: R. E. Owens
Full Name

Mother: Sadie Littlie Owens
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Stanley Robert Owens
Child's Name in Full

Dr. R. E. Owens
Signature of Father or Mother

AUG 1 9 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

SI-109. 036-165

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED SEP 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105045

County of Oneida

City of Malad Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 134

Hospital

FULL NAME OF CHILD Ruben J. Earl

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug 9 22

FATHER		MOTHER	
FULL NAME	Rueben Earle	FULL MAIDEN NAME	Sarah Jones
RESIDENCE	Malad, Idaho	RESIDENCE	Malad Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Brick. Mason	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive., at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R T Maner
M.D
(Physician or midwife)

Address Malad

Given names added from a supplemental report.

19

Registrar

Filed Sept 5 1922

R T Maner M.D
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 19..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Place of Birth — Street: .....

Place of Birth — County: Oneida

File Number: 105045

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Aug. 9 192.2

Father: Reuben Earl (Full Name)

Mother: Mary Jones (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Reuben J. Earl (Child's Name in Full)

Mrs. Mary Earl (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

331-111-036 513

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105046

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS
St. STATISTICS

County of Oneida

City of Malad

Registration District No. 26

File No.

No.

Primary Registration District No. 2069

Registered No. 135

Hospital

FULL NAME OF CHILD Leon France Clarke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Aug. 11 1922

FATHER		MOTHER	
FULL NAME	Jack Clarke	FULL MAIDEN NAME	Leontine Vallie
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	California	BIRTHPLACE	France
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 40 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Mauer
M. D
(Physician or midwife)

Address Malad

Given names added from a supplemental report.

19

Registrar

Filed Sept 5 1922

R T Mauer M.D
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

RECEIVED
OCT 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street: Main Street

County: Oneida

File Number: 105046

Registration Dist. No.: 1

Sex of Child: Male

Date of Birth: August 11th 1922.

Father: Jack Clarke (Full Name)

Mother: Leontine Vallie (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Leon France Clarke
Child's Name in Full

Jack Clarke
Signature of Father or Mother

MAR 6 1958
AUG 22 1957

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

411-114-076-697

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Malad Registration District No. 26 File No. 105047

No. ____ St.

Primary Registration District No. 2069 Registered No. 136

Hospital ____

FULL NAME OF CHILD John W. Maag

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
male				yes	aug	14	22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joe J. Mogg	Emma Wight
RESIDENCE	Malad	Malad
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	26
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P. M. on the date above stated.

(Signature) P. T. Maues

M. D. (Physician or midwife)

Address Malad

Filed Sept 5 19 22 P. T. Maues M. D Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
OCT 23 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pleasant Valley

Street: .....

County: Ada

File Number: 105047

Registration Dist. No.: 5

Date of Birth: Aug. 14 1922

Sex of Child: Male

Father: John Joseph Maag (Full Name)

Mother: Emma Wight (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John W. Maag (Child's Name in Full)

Mrs. J. J. Maag (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

893-215-036-893

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 24 File No. 105048

No. ..... St.

Primary Registration District No. 2069 Registered No. 137

Hospital .....

FULL NAME OF CHILD Helen May Hill

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Thos N Hill	FULL MAIDEN NAME	Helen T Hill
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Malad	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Sept 5 1922

B T Maner M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad City

Street: .....

County: Oneida

File Number 105048

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: August 15 1922.

Father: Thomas N. Hill (Full Name)

Mother: Helen Turner Hill (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Helen May Hill
Child's Name in Full

Mrs. Helen Turner Hill
Signature of Father or Mother

Thomas N. Hill

AUG 4 19[illegible]

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

155-218-036-165

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105049

County of Oneida

City of Malad — Registration District No. 26 — File No.

No. ____ St. ____

Primary Registration District No. 2069 — Registered No. 138

Hospital ____

FULL NAME OF CHILD Eleane Jenkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 18 1922

	FATHER	MOTHER
FULL NAME	Wallace L. Jenkins	Irene L. Jones
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY	20 (Years)	19 (Years)
BIRTHPLACE	Malad	Malad
OCCUPATION	Farming	Housework

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 4 00 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Alton

(Physician or Midwife) Physician

Address Malad

Given names added from a supplemental report.

____ 19____

Registrar

Filed Sept 5 1922

R. J. Mower M.D.
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192 2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street: R. F. D. No. 1

County: Oneida

File Number: 105049

Registration Dist. No.: One

Sex of Child: Female

Date of Birth: Aug. 18 192 2

Father: Wallace L. Jenkins (Full Name)

Mother: Irene Louise Jones (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eloane Jenkins.

Child's Name in Full

Mrs. Wallace L. Jenkins

Signature of Father or Mother

SEP 4 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

314-120-036-745

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 105050

No. _____ St.

Primary Registration District No. 2069 Registered No. 139

Hospital _____

FULL NAME OF CHILD Robert Frederick Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 20 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Campbell	FULL MAIDEN NAME	Millie K Tunnell
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alton (Born alive or stillborn), at 8:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad

Registrar

Filed Sept 5 1922

R W Homer Mike
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 19..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

File Number: 105050

Street: .....

Registration Dist. No. .....

County: Oneida

Sex of Child: Male

Date of Birth: Aug 20th 192.2

Father: Fredrick Campbell (Full Name)

Mother: Millie Kirr Brunnell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Fredrick
Child's Name in Full

Fredrick Campbell
Signature of Father or Mother

JAN 29 1951

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

165-122-036-415

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED SEP 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105051

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 24 File No. .....

Primary Registration District No. 2069 Registered No. 140

FULL NAME OF CHILD Carroll Davis Jones

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	—	Yes.	8 (Month) 22 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph P. Jones.	FULL MAIDEN NAME	Diana Davis
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Malad Ida	BIRTHPLACE	Willard Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Filed Sept 5 1922 B. T. Maner M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DIED

...IC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street: Bannock

County: ~~Malad~~ Oneida

File Number: 105051

Registration Dist. No. .....

Date of Birth: August 23rd 1922.

Sex of Child: Boy

Father: Joseph Perry Jones (Full Name)

Mother: Diana ~~Ho~~ Davis (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Carroll Davis Jones (Child's Name in Full)

Mrs. Joseph P Jones (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

551-125-036-386

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105052

County of Oneida

City of Malad

Registration District No. 24 File No.

No. St.

Primary Registration District No. 2069 Registered No. 141

Hospital

FULL NAME OF CHILD Roland Thomas Evans

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	8 (Month) 25 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David L. Evans Jr.	FULL MAIDEN NAME	Margarete Thomas
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Malad Ida

Registrar

Filed Sept 5 1922

B J Maurer M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street: Main

County: Oneida

File Number: 105052

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: August 25, 1922.

Father: David Lloyd Evans Jr. (Full Name)

Mother: Maigaret Thomas Evans (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Roland Thomas Evans,
Child's Name in Full

Mrs. D. L. Evans Jr.
Signature of Father or Mother

AUG 1 1 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

363126-036-386

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105053

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 24 File No. .....

Primary Registration District No. 2069 Registered No. 142

FULL NAME OF CHILD Neeley May Colley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes.	8 (Month) 26 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	N. M. Colley	FULL MAIDEN NAME	Bertha Thomas
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Texas.	BIRTHPLACE	Malad Ida
OCCUPATION	Labor.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.35 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Filed Sept 5 1922

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad City

Street: .....

County: Oneida

File Number: 105053

Registration Dist. No. .....

Date of Birth: August 26 1922

Sex of Child: Male

Father: Neeley May Colley (Full Name)

Mother: Bertha Thomas (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Neeley May Colley Jr. (Child's Name in Full)

Mrs. N. M. Colley (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-226-036 55 6

PLACE OF BIRTH

[redacted] C—25m-7-21-1

BUREAU OF VITAL STATISTICS

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 105054

Primary Registration District No. 2069 Registered No. 143

FULL NAME OF CHILD Eva May Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	8 26 19 22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bennett Smith	Mina Newland
RESIDENCE	Malad Ida	Malad Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	21
BIRTHPLACE	Malad	Switzerland
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:30 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19.....

Registrar

(Signature) J. M. Kerns. M.D.

(Physician or midwife)

Address Malad Ida

Filed Sept 5 19 22 B. J. Maner M.D. Registrar

STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
OCT 23 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street: .....

County: Oneida

File Number: 105054

Registration Dist. No. .....

Date of Birth: August 26 1922

Sex of Child: Female

Father: Burnett Smith (Full Name)

Mother: Alma Newhouse (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eva May Smith (Child's Name in Full)

Burnett Smith (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

195-129-036-469

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 24 File No. 105055

No. ..... St.

Primary Registration District No. 2069 Registered No. 144

Hospital .....

FULL NAME OF CHILD ROY MORSE ARNN

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 29 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William Arnn	FULL MAIDEN NAME	Elsie Morse
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Samaria
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alton (Born alive or stillborn), at 3:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Sept 5 1922

B. J. Maurer
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 22-280763

613-1;30-036-386

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

No. ..... St.

Hospital .....

Registration District No. 24 File No. 105056

Primary Registration District No. 269 Registered No. 145

FULL NAME OF CHILD Grant Thos Facer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 30 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph E Facer	FULL MAIDEN NAME	Myrtle Thorpe
RESIDENCE	Samaria	RESIDENCE	Samaria
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alton (Born alive or stillborn), at 7:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Sept 5 1922

R T Maner MD
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Samaria

Street: .....

County: Oneida Co.

File Number: 105056

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Aug 30 1922

Father: Joseph E. Facer (Full Name)

Mother: Myrtle Thorpe (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Grant T. Facer
Child's Name in Full

Myrtle Facer
Signature of Father or Mother

JAN 2 8 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

MAR 1 4 1944

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

964 230 036 483

Amended 2/20/79

Form V. S. No. 11-C--25m-7-21-19

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Oneida

CERTIFICATE OF BIRTH

City of Malad

Registration District No. 26

File No. 105057

No. ..... St.

Primary Registration District No. 2069

Registered No. 146

Hospital .....

FULL NAME OF CHILD Velma Roderick

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Aug (Month) 30 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William P Roderick	FULL MAIDEN NAME	Mary J Myler
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Samarca	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Sept 5 1922

B. T. Maver Mdl
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
JAN 10 10 52 AM '79
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 105057

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Roderick (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug 30, 1922 (Date of Event)

in Malad, Idaho (Oneida) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Velma Roderick

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of January, 1979

Joyce K. Barraclough
Notary Public, residing at Malad, Idaho
My commission expires May, 1979
(Seal)

Signed Mary P. Nelson
(Signature of Any Credible Person)

Rt 1 Malad Idaho
(Street Address, City, State)

FORM DH 60-155

CL 11/20/78

Certificate of Blessing from the LDS Church gives name as Velma Rodrick daughter of William Rodrick Jr. and Mary J. Myler.born Aug 30, 1922 at Malad, Idaho. Blesed Jan 7 1923. viewed by V. S.

FEB 2 0 1979

Certif of Baptism from the LDS Church gives name as Velma Roderick dauhter of Wm P. Roderick and Mary Jane Myler. born Aug 30, 1922 at Malad, Idaho. Baptized Sept 6, 1930. viwed by V. S.

165-231-036-693

PLACE OF BIRTH

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-[illegible]-1-21-19

County of Oneida

City of Malad

Registration District No. [illegible]

No. ..... St.

Primary Registration District No. 2069 Registered No. 147

Hospital .....

FULL NAME OF CHILD Delone Jones

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug 31 1922

FATHER		MOTHER	
FULL NAME	Morris H Jones	FULL MAIDEN NAME	Winnie Williams
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Malad	BIRTHPLACE	Samaria
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Sept 5 1922

B. J. Moore Mdl
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1960

Child's Middle Name Amended 05/04/2012 SJP

132-120-036-842

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26

File No. 105059

Primary Registration District No. 2069

Registered No. 148

FULL NAME OF CHILD Eugene ~~Keith~~ Keith atkinson Born 20 to 4 am

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy				Yes	20 August 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank A. atkinson	FULL MAIDEN NAME	Margaret Hughes
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Cherrie crick	BIRTHPLACE	Samaria
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah A H[illegible]
midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed Sept 5 1922

B T Maver M[illegible]
Registrar

Registrar

S-Y-CO 3[illegible]71

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
APR 2 0 2012

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Weber } SS

Certificate No. 1922-105059
Date Filed September 9, 1922

The undersigned does solemnly swear (affirm) that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for Eugene Reth Atkinson (Name on Original Certificate) who was born (Was Born, Died, etc.) on August 20, 1922 (Date of Event)
in Malad City (Oneida County), Idaho (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's Middle Name	Reth	Keith

Subscribed and sworn (affirmed) to before me this 18 day of April, 2012

Notary Public, Pahmela Foxley
Residing at Ogden Ut
My commission expires 06-25-2015

(Seal)

PAHMELA FOXLEY
Notary Public • State of Utah
Commission # 611439
COMM. EXP. 06-25-2015

Applicant's Signature Eugene K. Atkinson
Printed Name Eugene Keith Atkinson
Street Address 1436 Lincoln Ave.
City, State, ZIP Ogden, Utah, 84404

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Weber } SS

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear (affirm) to have knowledge of the facts as set forth above and that they are true to the best of their knowledge.

Subscribed and sworn (affirmed) to before me this 18 day of April, 2012

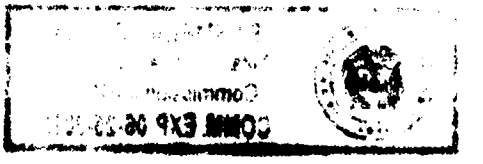
Notary Public, Lavern L. Candia
Residing at Ogden, Ut
My commission expires 5/1/13

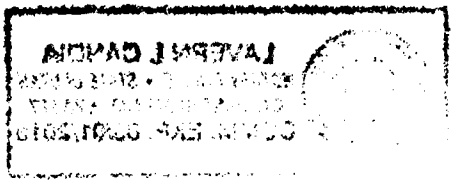
(Seal)

LAVERN L CANDIA
NOTARY PUBLIC • STATE of UTAH
COMMISSION NO. 578577
COMM. EXP. 05/01/2013

Applicant's Signature Eugene Keith Atkinson
Printed Name Eugene Keith Atkinson
Street Address 1436 Lincoln Ave
City, State, ZIP Ogden Ut 84404

1. L.D.S. Certificate of Blessing issued to Eugene Keith Atkinson born August 20, 1922 in city of Malad, county of Oneida, state of Idaho to Frank Atkinson and Margaret Hughes. Shows child was blessed on October 1, 1922 at Malad 1st Ward, Malad Stake, certificate No. 194. Viewed by VS SJP.
2. Alliance Credit Union, Ogden, Utah, Statement of Account belonging to Eugene Keith Atkinson and Jeanette Atkinson also of Ogden, Utah. Document dated April 30, 2004. Viewed by VS SJP.





245-112-036-965

PLACE OF BIRTH

RECEIVED OCT 9 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105060

County of Oneida

City of Stone

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 149

Hospital

FULL NAME OF CHILD WILLIAM OLEEN BUNDERSON

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William Rudolph Bunderson	FULL MAIDEN NAME	Irene Roe
RESIDENCE	Stone Ida	RESIDENCE	Stone Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	San Pete Co Utah	BIRTHPLACE	Stone Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Wardleighmd

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Snowville Utah

Registrar

Filed Oct 4 1922

[signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

SEP 15 19[illegible]

State of Utah
County of Box Elder } ss.

Certificate No. 105060

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for William Oleen Bunderson (Name on Original Certificate) who born (Was Born or Died) on August 12th. 1922 (Date of Event)
in Stone, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible (family) record (Bible Record, Insurance Policy, Etc.) prepared on August 12th 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	William Oleen Bunderson

Subscribed and sworn to before me this 12th
day of September, 19 42

James Brough
Notary Public, residing at Tremonton, Utah

My commission expires Oct. 5th. 1945
(Seal)

Signed Irene Bunderson (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Tremonton, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 16 1942

147-203-036264

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED OCT 9 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ontida

City of Black Pine

Registration District No. 26 File No. 105061

No. ..... St.

Primary Registration District No. 2069 Registered No. 150

Hospital .....

FULL NAME OF CHILD ALICE JUGLER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept (Month) 3 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Karl Frank Jugler	FULL MAIDEN NAME	Anna Van Komen
RESIDENCE	Black Pine Idaho	RESIDENCE	Black Pine Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Centralia Wash	BIRTHPLACE	Ogden Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Wardleighmal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Filed Oct 4 1922

R T Maier Mgr Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of.....) Certificate No. 105061
)ss
County of.....) Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate

of.....(birth or death) for.....(Name on original certificate) who.....(was born or died)

on.....(Date of event) in.....(Place of event) are erroneous or were ommitted;

and that, to the best of his knowledge, the true facts of the case as shown

by.....(Bible record, insurance plcy.etc.) prepared on.....(Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Alice Jugler

Subscribed and sworn to before me this 11th day of October 1941

Signed Karl F. Jugler.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Fontella Andersson
Notary Public
Residing at Ogden, Utah.

4108 Van Buren, Ogden, Utah
(Street address, City, State)

My commission expires August 15, 1945

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Utah)
)ss
County of Weber,)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of October 1941

Signed Berna Jugler
(Signature of any credible person other than the previous affiant.)

Fontella Andersson
Notary Public
Residing at Ogden, Utah.

1523 27th St. Ogden, Utah
(Street address, City, State)

My commission expires August 15, 1945
(SEAL)

OCT 15 1941

799.103-03.6-154

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105062

County of Oneida

RECEIVED
OCT 9 1922
BUREAU OF VITAL STATISTICS

City of Lamara Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 151

Hospital

FULL NAME OF CHILD Daniel Kahlil Price

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Sept 3 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Dwight B. Price	FULL MAIDEN NAME Viola Anderson
RESIDENCE Lamara	RESIDENCE Lamara
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Lamara	BIRTHPLACE Lamara
OCCUPATION Farm Hand	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

(Signature) J. D. Alton

Physician

(Physician or midwife)

Address Malad

Filed Oct 4 1922 R M Jones M.D Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 19..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Samuels

Street: .....

County: Bonner

File Number: 105062

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Sept 3rd 1922

Father: Daniel Morse Price (Full Name)

Mother: Viola Anderson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Daniel Kahlil Price

Child's Name in Full

Daniel M. Price

Signature of Father or Mother

NOV 14 1944

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

469-106-036-123

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED OCT 9 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105063

County of Oneida

City of Malad

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 152

Hospital

FULL NAME OF CHILD Ralph A. Morgan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 6 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur R Morgan	FULL MAIDEN NAME	Agnes A Alter
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Grain Elevator Land	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Malad

Registrar

Filed Oct 4 1922

R J Maver M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

986-207-0161-57

PLACE OF BIRTH

RECEIVED
OCT 9 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

105064

County of Oneida

City of Malad

Registration District No. 26

File No.

No. St.

Primary Registration District No. 2064

Registered No. 153

Hospital

FULL NAME OF CHILD Norma Jeanne Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Sept 7 1922

FATHER

FULL NAME: W. H. Thomas Jr.

RESIDENCE: Malad

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Furniture dealer

MOTHER

FULL MAIDEN NAME: Mary Jepson

RESIDENCE: Malad

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 A. M. on the date above stated.

(Signature) R. T. Mauer

M. D.
(Physician or midwife)

Address Malad

Filed Oct 14 1922

R. T. Mauer M. D.
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
NOV 3 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Place of Birth — Street: .....

Place of Birth — County: Oneida

File Number: 105064

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Sept. 7 1922

Father: William Henry Thomas Jr.
Full Name

Mother: Mary Jeppson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Norma Thomas
Child's Name in Full

Mrs. W. H. Thomas Jr.
Signature of Father or Mother

BUREAU OF VITAL STATISTICS
NOV 3 1922
RECEIVED

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

FEB 14 1944

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Weber }

Certificate No. 105064

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Norma Thomas (Name on Original Certificate) who born (Was Born or Died) on Sept 7, 1922 (Date of Event)
in Mabel Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible & church Record (Bible Record, Insurance Policy, Etc.) prepared on Nov. 5 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Norma Thomas	Norma Jeanne Thomas

Subscribed and sworn to before me this 25
day of July, 1977
David L Cannon
Notary Public, residing at Ogden, Utah
My commission expires Aug 26 - 1977
(Seal)

Signed Norma Jeanne Thomas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25
day of July, 1977
David L Cannon
Notary Public, residing at Ogden, Utah
My commission expires Aug 26 - 1977
(Seal)

Signed W. R. Thomas
(Signature of Any Credible Person)

2174 Jefferson, Ogden Utah
(Street Address, City, State)

JUL 28 1944

Form V. S. No. 11-C—26m-7-21-19

799-213-036-745

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105065

County of Oneida

City of Malad

Registration District No. 26

File No.

No. St.

Primary Registration District No. 2069

Registered No. 154

Hospital

FULL NAME OF CHILD Thella Mae Price

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 13 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel W Price	FULL MAIDEN NAME	Anna Sunderson
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Iowa
OCCUPATION	School Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician

(Physician or midwife)

Malad

Given names added from a supplemental report.

19

Address

Filed Oct 4 1922

R T Miner M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street: .....

County: Oneida

File Number: 105065

Registration Dist. No. .....

Date of Birth: September 13th 1927.

Sex of Child: Female

Father: Samuel Willard Price (Full Name) Mother: Anna Gundersen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Thelma Mae Price
Child's Name in Full

Mrs. Willard Price
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

MAR 20 1944

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

336-015-076-792

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED OCT 9 1922 BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 24 File No. 105066

No. ____ St.

Primary Registration District No. 2069 Registered No. 155

Hospital ____

FULL NAME OF CHILD Edith Lloyd

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Sept 15 (Month) (Day) 1922 (Year)

FATHER

FULL NAME Thomas H Lloyd

RESIDENCE Samuels

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Wales

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Sarah L Thomas

RESIDENCE Samuels

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE England

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) J V Elton

Physician

(Physician or midwife)

Address Malad

Filed Oct 4 1922

R O Mauer M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: St. Johns

Place of Birth — Street: .....

Place of Birth — County: Owyhee

File Number: 105066

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Sept 15 192.2.

Father: Thomas Henry Lloyd (Full Name)

Mother: Sarah Isabella Gibb (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Edith Lloyd
Child's Name in Full

Thomas Henry Lloyd
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

993-116-036-319

Form V. S. No. 11-G-25m-7-21-19

PLACE OF BIRTH

RECEIVED OCT 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105067

County of Owyhee

City of Malad

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2064 Registered No. 156

Hospital

FULL NAME OF CHILD James Lavoy Richards

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male				Yes	Sept 16 22

FATHER		MOTHER	
FULL NAME	James A Richards	FULL MAIDEN NAME	Mary A Larson
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J Allen

Physician

(Physician or midwife)

Address Malad

Filed Oct 4 1922

R T Mane M D

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

RECEIVED
MAR 5 1923
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS.

Place of Birth: City Malad

Street .....

County Oneida

File Number 105067

Registration Dist. No. .....

Sex of Child Male

Date of Birth Sept 16-1 .....192 2

Father James A. Richards (Full Name)

Mother Mary A. Richards (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Lavoy Richards (Child's Name in Full)

James A. Richards (Signature of Father or Mother)

2/14/41

OCT 26 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

DEC 7 1943

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

OCT 25 1943

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

469.218.036155

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED OCT 9 1922 BUREAU OF VITAL STATISTICS

County of Oneida

City of Malad

Registration District No. 26

File No. 105068

No. ..... St.

Primary Registration District No. 2069

Registered No. 157

Hospital .....

FULL NAME OF CHILD Theda Morgan

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ralph V Morgan	FULL MAIDEN NAME	Manila Jenkins
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alamy (Born alive or stillborn), at 11:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Alton

Physician (Physician or midwife)

Malad

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Oct 4 1922

R. J. Maner M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED OCT 30 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Malad; Street ....; County Oneida

File Number 105068

Registration Dist. No. ....

Date of Birth Sept. 18 1922

Sex of Child Female

Father Ralph Vern Morgan (Full Name)

Mother Manila Jenkins (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Theda Morgan (Child's Name in Full)

Ralph Vern Morgan (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

165-118-036-466

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ouida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

Primary Registration District No. 2069

File No. 105069

Registered No. 158

FULL NAME OF CHILD Arthur Charles Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	9-18-1922

FATHER		MOTHER	
FULL NAME	John H. Jones.	FULL MAIDEN NAME	Elizabeth Mason.
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J. M. Kerns. M.D.

(Physician or midwife)

Address Malad Ida

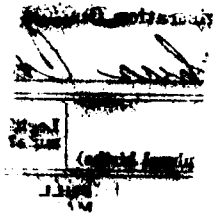
Filed Oct 4 1922

R. M. Mauer M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT [illegible] WELFARE

.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street: R.F.D. 2

County: Oneida Co.

File Number: 105069

Registration Dist. No. .....

Date of Birth: Sept. 18, 192.2

Sex of Child: Male

Father: John Henry Jones (Full Name)

Mother: Charlotte Elizabeth Moo (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Arthur Charles Jones

Child's Name in Full

Charlotte E. Jones

Signature of Father or Mother

OCT 2

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

366120-036-165

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

RECEIVED OCT 9 1922 BUREAU OF VITAL STATISTICS

Registration District No. 26 File No. 105070

Primary Registration District No. 2064 Registered No. 159

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 20 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Lowry	FULL MAIDEN NAME	Rose Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Virginia	BIRTHPLACE	Idaho
OCCUPATION	Taxi driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Maner M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Oct 4 1922

R T Maner M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number 105070

Registration Dist. No. .....

Sex of Child.....Male.....

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

849-120-036-296

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida.

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 105071

Primary Registration District No. 2069 Registered No. 160

FULL NAME OF CHILD Edgar A. Guidinger Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 20 1922

FATHER		MOTHER	
FULL NAME	E. A. Guidinger.	FULL MAIDEN NAME	Jane Brown
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	white AGE AT LAST BIRTHDAY 40 (Years)	COLOR	white AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Mauer. M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Oct 4 1922 R T Mauer M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 2 1942

313-121-036-1693

PLACE OF BIRTH

RECEIVED OCT 9 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26 File No. 105072

Primary Registration District No. 2069 Registered No. 161

FULL NAME OF CHILD Dee Williams Call

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 21 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bertis D Call	FULL MAIDEN NAME	Maude L Williams
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Malad
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Adton
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad

Registrar

Filed Oct 4 1922

R. J. Maurer M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

[illegible]

JAN 1[illegible] 1922

BUREAU OF VITAL STATISTICS

Boise, Idaho, [illegible] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Malad
- Street:
- County: Oneida

File Number: 105072

Registration Dist. No.: One

Date of Birth: September 21th 1922.

Sex of Child: Male

Father: Bertis Dee Call
Full Name

Mother: Maude Irene Williams
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Dee Williams Call
Child's Name in Full

Mr and Mrs. B. Dee Call
Signature of Father or Mother

MAR 25 19[illegible]

MAY 15 1969

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

243-22-036-331

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Holbrook

RECEIVED OCT 9 1922 BUREAU OF VITAL STATISTICS

Registration District No. 26 File No. 105073

No. ..... St.

Primary Registration District No. 2069 Registered No. 162

Hospital .....

FULL NAME OF CHILD Vera Christina Kuchle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	Sept	22	1922

FATHER		MOTHER	
FULL NAME	Walter Kuchle	FULL MAIDEN NAME	Emma Clayton
RESIDENCE	Holbrook	RESIDENCE	Holbrook
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Mo.
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. L. Alton Physician

(Physician or midwife)

Address .....

Filed Oct 4 1922

R. M. Jones M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

RECEIVED
NOV 3 1922
BUREAU OF
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Holbrook
Street: .....
County: Oneida

File Number: 105073

Registration Dist. No.: 27

Sex of Child: Female

Date of Birth: Sept 22 1922

Father: Walter B. Kiichle
Full Name

Mother: Eunice Kiichle
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Fern Christena Kiichle
Child's Name in Full

Mrs Eunice Kiichle
Signature of Father or Mother

MAY 2 8 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

799-124-036-389

PLACE OF BIRTH

RECEIVED OCT 9 19 BUREAU ... STATE

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 105074

Primary Registration District No. 2064 Registered No. 163

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 24 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward J Price	FULL MAIDEN NAME	Blanche S Chivers
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	House [illegible]

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J X Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Oct 4 1922 R D Maurer M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-126-036-386

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 9 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105075

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26

File No. _____

Primary Registration District No. 2069

Registered No. 164

FULL NAME OF CHILD Dean Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	9 (Month) – 26 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Stillman Harris	FULL MAIDEN NAME	Nora Thomas
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.

M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad Ida

Registrar

Filed Oct 4 1922

R. M. Maver M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street: .....

County: Oneida

File Number: 105075

Registration Dist. No.: [illegible]

Date of Birth: Sept 26 1922.

Sex of Child: Male

Father: Stillman Joseph Harris (Full Name)

Mother: Nora Dredge Thomas (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dean Harris

Child's Name in Full

Stillman J. Harris

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

819-128-036-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Oneida

City of Malad

No. ..... St.

Hospital .....

RECEIVED
OCT 9 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 105076

Primary Registration District No. 2069 Registered No. 165

FULL NAME OF CHILD Ray J. Hartley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Hartley	FULL MAIDEN NAME	Kate Thorpe
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Mgr. of Store	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11.30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Mauer

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malad

Filed Oct 4 1922 R T Mauer M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad City, Idaho

File Number: 10507

Street: .....

Registration Dist. No. .....

County: .....

Date of Birth .....192....

Sex of Child: Male

Father: J. E. Hartley (Full Name)

Mother: Katie I. Hartley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ray J. Hartley (Child's Name in Full)

J. E. Hartley (Signature of Father or Mother)

JAN 21 1945

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

JAN 18 1945

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same, completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

642-130-036-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
OCT 9 1922
BUREAU OF VITAL STATISTICS

County of Oneida

City of Samaria

Registration District No. 26

File No. 105077

No. ____ St.

Primary Registration District No. 2019

Registered No. 164

Hospital ____

FULL NAME OF CHILD William W Fisher

Sex of Child Male

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth Sept 30 (Month) (Day) 1922 (Year)

FATHER

FULL NAME William B Fisher

RESIDENCE Paulina

COLOR White

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Indiana

OCCUPATION Common Laborer

MOTHER

FULL MAIDEN NAME Alice Williams

RESIDENCE Paulina

COLOR White

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Samaria

OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 A M on the date above stated.

(Signature) J W Alton

(Physician or midwife) Malad

Address ____

Filed Oct 4 19 22 R O Mauer M D Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
OCT 30 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Lamanea

Place of Birth — Street: .....

Place of Birth — County: Idaho

File Number: 105077

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Sept 30th 192-2

Father: William E. Fisher
Full Name

Mother: Alice Williams
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

William W. Fisher
Child's Name in Full

Mrs. Alice Fisher
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
OCT 9 1922
BUREAU OF VITAL STATISTICS

[illegible] 7-21-19

City of Malad

Registration District No. 24

File No. 105078

No. ..... St.

Hospital .....

Primary Registration District No. 2064

Registered No. 167

FULL NAME OF CHILD Dahrl Reid

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	9 - 30 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew Reid	FULL MAIDEN NAME	Pearl Jones
RESIDENCE	Meuden Utah	RESIDENCE	Meuden Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Rock Springs Wyo.	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11. 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Registrar

Filed Oct 4 1922 R. O. Maner M.D.
Registrar

MAR 30 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8/2-128-037-8/4

RECEIVED SEP 19 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Riddle

Registration District No. _____ File No. 105080

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

Full Name of Child Hastings, Ingersoll Lincoln

SEX OF CHILD	~~Twin Triplet or other?~~	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male	One	Two	yes	Aug 28 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Charles E Hastings	Iva Malinda Hammer
RESIDENCE	Riddle Idaho	Riddle Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	31
BIRTHPLACE	Carlisle Iowa	Union Star Mo.
OCCUPATION	Gen. S. Mdse	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth ....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John T Rees M.D.

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Owyhee Nev

Filed Sept 19 1922 T W Almond M.D. State Registrar

..... Registrar

K

FEB 11 1942

968-229-037-869

RECEIVED OCT 1 1922

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105081

County of Owyhee

City of Homedale

Registration District No. 130 File No.

No. St.

Primary Registration District No. Homedale Registered No.

Hospital

FULL NAME OF CHILD Leenell Verlynn Roby

Sex of Child F.M. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 9-29-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	See Roby	FULL MAIDEN NAME	Nellie Horrace
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Key	BIRTHPLACE	Ida
OCCUPATION	Truck driver	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper M.D.
(Physician or midwife)

Given names added from a supplemental report.

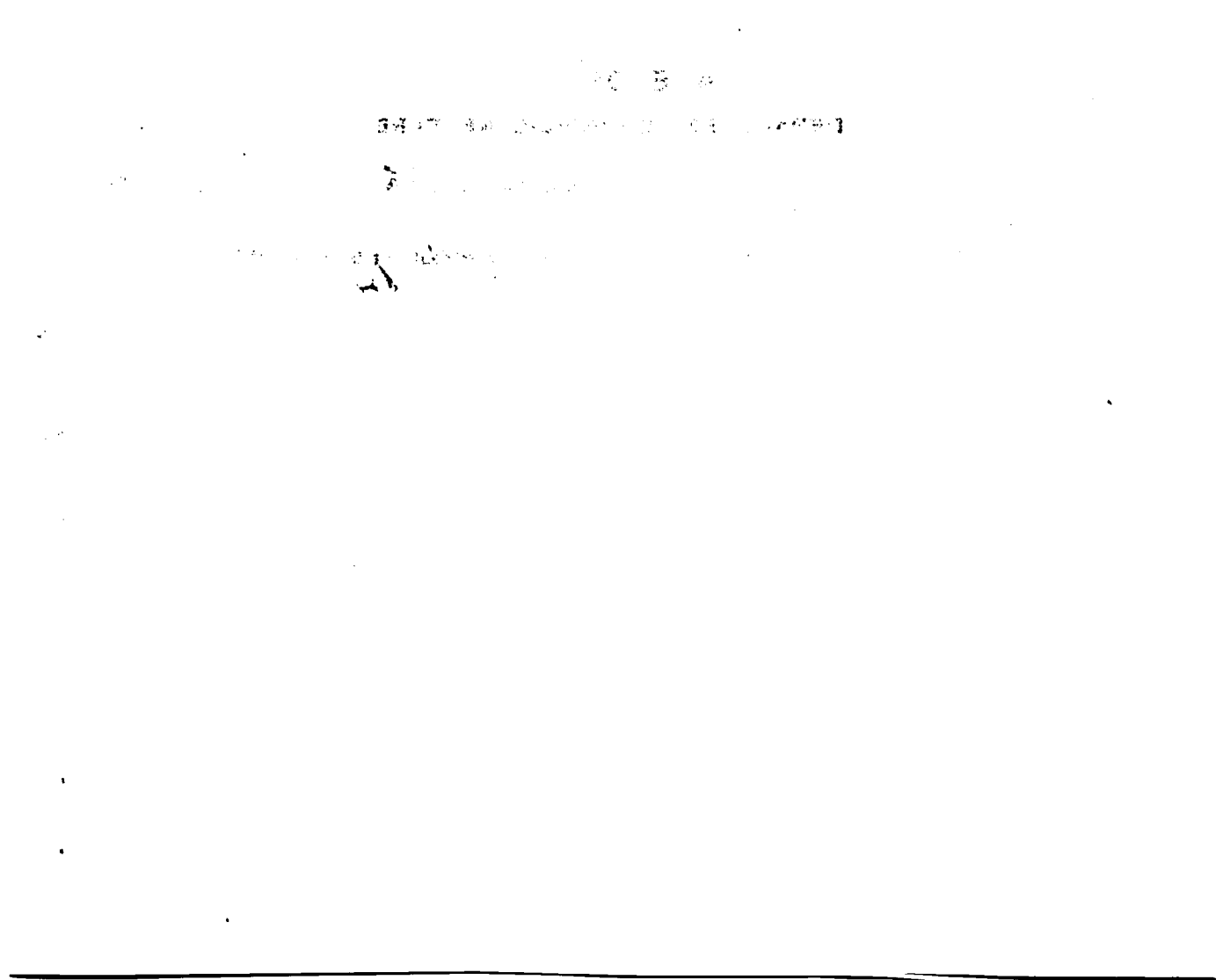
Oct 1 1922 Address Homedale Ida

S Hopper Registrar Filed Oct 1 1922 S Hopper Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Homedale

Street: .....

County: Owyhee

File Number: 105081

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Sept 29 192.2.

Father: Lee Roby (Full Name)

Mother: Nellie Ray Horrace (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Leenell Verlynn Roby
(Child's Name in Full)

Nellie Ray Roby
Signature of Father or Mother

OCT 15 1942

APR 27 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

719-109-037-291

RECEIVED OCT 4 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105082

County of Owyhee

City of Homedale

Registration District No. 130 File No.

No. St.

Primary Registration District No. Homedale Registered No.

Hospital

FULL NAME OF CHILD Russell Edwin Parvin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sept 9 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bud Parvin	FULL MAIDEN NAME	Alice L Brant
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Okla
OCCUPATION	Laborer	OCCUPATION	HW

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 45 P M. on the date above stated.

2090 argyrol

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

MW (Physician or midwife)

Given names added from a supplemental report.

Oct 1 1922 Address Homedale

S Hopper Registrar

Filed Oct 1 1922 S Hopper Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, March 18 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Homedale Ida; Street: ; County: Owyhee

File Number: 105082

Registration Dist. No.:

Date of Birth: Sept 9 1921

Sex of Child: Male

Father: Orva Lesly Parvin (Full Name)

Mother: Alice L Parvin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Russell Edwin Parvin
Child's Name in Full

Alice L Parvin
Signature of Father or Mother

JAN 6 1956 SEP 5 1967

10/26/40

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

239-212-037-214

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of ~~Canyon~~ Owyhee

CERTIFICATE OF BIRTH

105083

City of Homedale

Registration District No. 130 File No.

No. St.

Primary Registration District No. Homedale Registered No.

Hospital Home

FULL NAME OF CHILD Hazel Alice Stief

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Charles Stief	FULL MAIDEN NAME	Hazel Sample
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Germany	BIRTHPLACE	Modale Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

1% ag Nozured

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch M.D.
(Physician or midwife)

Given names added from a supplemental report.

Oct 1 1922

Address Wilder Ida

Simeon Hopper
Registrar

Filed Sept 1 1922

S Hopper
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 26 1966

FEB 4 1972

651-111-037-665

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
OCT 4 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Homedale

Registration District No. 138

File No. 105084

No. ..... St.

Primary Registration District No. Homedale

Registered No. .....

Hospital .....

FULL NAME OF CHILD John Green O'Neal Jr

Sex of Child: M

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? yes

Date of Birth: Sept. 11 (Month) (Day) 1922 (Year)

FATHER

FULL NAME: John Green O'Neal

RESIDENCE: Homedale

COLOR: W

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Book Keeper

MOTHER

FULL MAIDEN NAME: Mabel Bernice De Foe

RESIDENCE: Homedale

COLOR: W

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Mich

OCCUPATION: Hse

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 45 P M. on the date above stated. Sept 11 1922

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hoffber MD

(Physician or midwife)

Given names added from a supplemental report, Oct 1 19 22

Simeon Hoffber
Registrar

Address Homedale

Filed Oct 4 1922

S Hoffber
Registrar

7-1-41

495-[redacted] 695

PLAC[redacted]

County of Payette

City of Payette

No. R#D #1 St.

Hospital

RECEIVED
SEP

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 4

File No. 105085

Primary Registration District No. 1008

Registered No. 86

Full Name of Child Jacqueline Elanor Dinbat

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH July 30 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred Dinbat	FULL MAIDEN NAME	Nellie M Fincher
RESIDENCE	Payette, Idaho	RESIDENCE	Payette, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J Weese MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Ontario, Oregon

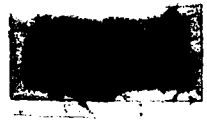
Filed Aug 10 1922 J C Woodward

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of

OCT 9 1941

RECEIVED

Certificate No. 105085
Date Filed 8-10-22

The undersigned does solemnly swear that certain facts on the certificate of ✓ (Birth or death)
for Jacqueline Elanor Dimbat (Name on original certificate) who born (Was born or died) on July 20 (Date of event)
in Payette Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Dimbat	Jacqueline Elanor Dimbat
Jacqueline E Dimbat		

Subscribed and sworn to before me this 1
day of October, 1941

✓ Notary Public, residing at
My commission expires
[SEAL]

Signed Nellie Melvina Dimbat
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 1176 Marshfield Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1987 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1
day of October, 1941

✓ Notary Public, residing at ✓
My commission expires
[SEAL]

Signed Mary E Fincher
(Signature of any credible person other than the previous affiant.)

~~Box 1176 Marshfield Oregon~~
(Street Address, City, State)
2707 Heron St. Boise Idaho

Received for filing on By
(Registrar's signature)

MAY 21 1945

165-115-038-394

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 25 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

CERTIFICATE OF BIRTH

County of Payette

City of

Registration District No. 4 File No. 105086

No. St.

Primary Registration District No. 1008 Registered No. 87

Hospital

FULL NAME OF CHILD Delmer Wallace Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	August 15 1922

FATHER	MOTHER
FULL NAME: Wallace Jones	FULL MAIDEN NAME: Mabel L. Timmerman
RESIDENCE: Payette County	RESIDENCE: Payette County
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Kentucky	BIRTHPLACE: Illinois
OCCUPATION: Farmer	OCCUPATION: Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.15 P M. on the date above stated.

(Signature) J. C. Woodward, M.D.

Physician (Physician or midwife)

Address Payette, Idaho

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Filed Aug. 17 19 22 J. C. Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH S[illegible]
[illegible]ED FOR EACH CHILD AND THE SAME COMPLETED [illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette Idaho

Street: Little Willard

County: Payette

File Number: 105086

Registration Dist. No.:

Sex of Child: Male

Date of Birth: August 15 1922

Father: Wallace Jones (Full Name)

Mother: Mable Louise Timmerman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Delmer Wallace Jones
Child's Name in Full

Mr. & Mrs. Wallace Jones
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-216-036-291

PLACE OF BIRTH

V. S. No. 11-C--25m-7-21-19

County of Payette

City of Payette

105087

Registration District No.

No. 1403 North 6th St.

Primary Registration District No. 1008 Registered No. 88

Hospital

FULL NAME OF CHILD Barbara Helen Lintner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	August 16 1922

FATHER	MOTHER
FULL NAME: Charles A Lintner	FULL MAIDEN NAME: Elsie Gertrude Graham
RESIDENCE: Payette	RESIDENCE: Payette
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Nebraska
OCCUPATION: Miller	OCCUPATION: Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.00 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J.C. Woodward M.D.

physician

(Physician or midwife)

Address Payette, Idaho

Filed Aug. 18 1922 J.C. Woodward

Registrar

MAY 20 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

084-104-038-286

PLACE OF BIRTH

RECEIVED
SEP 14 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of New Plymouth / Payette

No. R 7 D 1 St.

Registration District No. 5

File No. 105088

Primary Registration District No. 2009

Registered No. 23

Hospital

FULL NAME OF CHILD Jack Frederick Syme

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug / 4 / 1922

FATHER

FULL NAME: Jack Stuart Syme

RESIDENCE: New Plymouth Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 44 (Years)

BIRTHPLACE: Scotland

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Izetta Freda Shook

RESIDENCE: New Plymouth

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Fruita Colo.

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) A J McDonald

(Physician or midwife)

Address Payette Ida

Filed Sept 12 1922

Wm T. Drysdale
Registrar

MAY 8 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

636-119.05

PLACE OF BIRTH

RECEIVED
OCT 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH 105089

County of Payette

City of Fruitland

No. ____ St.

Registration District No. ____ File No. ____

Primary Registration District No. ____ Registered No. ____

Hospital ____

Full Name of Child Robert Clark Flock

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	Sept 19 22

FATHER

FULL NAME: Paul L. Flock
RESIDENCE: Fruitland Idaho
COLOR: white
AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Nebraska
OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Lucile M. Duell
RESIDENCE: Fruitland Idaho
COLOR: white
AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: North Dakota
OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Wells, M.D.

(Physician or midwife)

Address Ontario, Oregon

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 22 1922 G. G. Paxton Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Malheur } ss.

Certificate No. 105089

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Flock (Name on Original Certificate) who was born (Was Born or Died) on Sept. 19, 1922 (Date of Event)
in Fruitland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Physician (Bible Record, Insurance Policy, Etc.) prepared on June 20, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Omitted	Robert Clark Flock

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed W. J. Reese, M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; of other credible person.)

Box 243, Ontario, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 2 3 19[illegible]

[illegible]

JUN 2 9 1953

691-216-038-285

PLACE OF BIRTH

RECEIVED
OCT 3 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Payette

City of near Fruitland

Registration District No. ____ File No. 105090

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Inez Lucille Frazier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Sept 16 1922

FATHER	MOTHER
FULL NAME James E. Frazier	FULL MAIDEN NAME Dewey M Sherer
RESIDENCE near Fruitland	RESIDENCE same
COLOR wh	COLOR wh
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Nebr.
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 A M.
(Born alive or stillborn)
on the date above stated.

(Signature) C. C. Paxton M.D.

(Physician or midwife)

Address Fruitland Idaho

Filed Sept 16 1922 C. C. Paxton
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 25 1944

745-223-078-745

PLACE OF BIRTH

RECEIVED OCT 3 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Fruitland

Registration District No. ..... File No. 105091

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Vivian Gunderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			No	Aug 23 1922

FATHER	MOTHER
FULL NAME ?	FULL MAIDEN NAME Penna Gunderson
RESIDENCE	RESIDENCE not given
COLOR	COLOR white
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	BIRTHPLACE Minnesota
OCCUPATION	OCCUPATION Servant

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a M. on the date above stated.

(Signature) C. C. Paxton M.D.

(Physician or midwife)

Address Fruitland Idaho

Filed Aug 23-1922 C. C. Paxton
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 13 1967

165-201-038-695

RECEIVED
OCT 3 1922
BUREAU OF VITAL STATISTICS
SEATTLE

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105092

County of Payette

City of near Fruitland

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Louise Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female				yes	July	1	1922

FATHER	MOTHER
FULL NAME Danah G. Jones	FULL MAIDEN NAME Lillian Mae Winters
RESIDENCE near Fruitland	RESIDENCE same
COLOR w	COLOR w
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Kansas
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Payton MD
(Physician or midwife)

Address Fruitland Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 7-1-1922 C. C. Payton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Oct 17

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Fruitland

Street:

County: Payette

File Number: 105092

Registration Dist. No.:

Sex of Child: Female

Date of Birth: July 1st 1922

Father: Danah Golder Jones (Full Name)

Mother: Lillian Mae Winte (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Louise Jones

Child's Name in Full

Danah G. Jones

Signature of Father or Mother

MAY 19 1954

238-119-238-239

PLACE OF BIRTH

RECEIVED
OCT 3 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-18-18

County of Payette

City of Fruitland

No. _____ St.

Registration District No. _____ File No. 105093

Hospital _____

Primary Registration District No. _____ Registered No. _____

Full Name of Child Reinhold Albert Schweigert

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		yes	January 19 1922

FATHER	MOTHER
FULL NAME Reinhold Schweigert	FULL MAIDEN NAME Rosa Bliss
RESIDENCE Fruitland Idaho	RESIDENCE Fruitland Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Russia	BIRTHPLACE Russia
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Reese, M.D.

(Physician or midwife)

Address Ontario, Oregon

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug. 18 1922 C. C. Payton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Oct. 19 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Fruitland Idaho; Street; County Payette

File Number 105093

Registration Dist. No.

Sex of Child Male

Date of Birth 19 July 1922

Father Reinhold Schweigert (Full Name)

Mother Rosina Blind (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Reinhold Albert Schweigert
Child's Name in Full

Reinhold Schweigert
Signature of Father or Mother

APR 14 1976

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

365— 218·038-693 Child's name added 12-01-04 ns

PLACE OF BIRTH

RECEIVED OCT 3 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Fruitland

No. _____ St.

Hospital _____

Registration District No. _____

Primary Registration District No. _____

File No. 105094

Registered No. _____

Full Name of Child Stella Ann Conatser

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH
Female		yes	July 18 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clyde E. Conatser	FULL MAIDEN NAME	Goldie F Wilson
RESIDENCE	3 mi E. of Fruitland, Ida	RESIDENCE	3 mi E. of Fruitland, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Weese, M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Ontario, Oregon

Filed Aug. 18 1922. C. C. Paxton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

9-4-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 105094
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Conatser (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 18, 1922 (Date of Event)
in Fruitland (Payette) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Stella Ann Conatser

Subscribed and sworn to before me this 12th day of November, 1980.

Goldie F. Conatser
Signature of Applicant

Notary Public, Marlene Wentz
Residing at Solano County, CA
My commission expires 8-22-83
(Seal)

OFFICIAL SEAL
MARLENE WENTZ
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SOLANO COUNTY
My Commission Expires Aug. 22, 1983

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON (Must be completed ___) (Is not necessary X)

RECEIVED
NOV 17 2004
VITAL STATISTICS

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CERTIFICATE OF BAPTISM FOR STELLA ANN WENTZ BORN JULY 18, 1922 IN BOISE BAPTISED JUNE 16, 1956. VIEWED BY VS

CERTIFICATE OF MARRIAGE FOR CONRAD WENTZ AND STELLA ANN CONATSER MARRIED AUGUST 26, 1939 IN TOPPENISH,WA. VIEWED BY VS

796-211-036-243

PLACE OF BIRTH

RECEIVED
OCT 3 19[illegible]
BUREAU OF V[illegible]
STA[illegible]

STA[illegible]HO
BUREAU O[illegible]ATISTICS

Form V. S. No. 11—25m-6-18-18

County of Payette

City of Fruitland

No. _____ St.

Registration District No. _____

Primary Registration District No. _____

CERTI[illegible]IRTH

File No. 105095

Registered No. _____

Hospital _____

Full Name of Child Kathrine Maxine Grover

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female		Yes	Aug. 11 1922

FATHER		MOTHER	
FULL NAME	Ben W. Grover	FULL MAIDEN NAME	Selma J. Kullander
RESIDENCE	Fruitland Idaho	RESIDENCE	Fruitland, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Minnesota
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Reese M.D.

(Physician or midwife)

Address Ontario, Oregon

Given names added from a supplemental report.

..... 19.....

Registrar

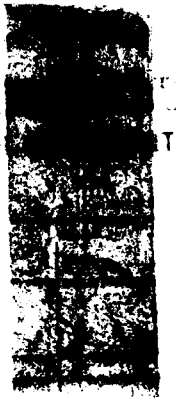
Filed Aug. 18 1922 C. C. Paxton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



APR 26 1967

AUG 13 19

10509

[illegible] born in [illegible] [illegible] rare No.
[illegible] on give name [illegible]

2. FULL NAME Robert Max Lattig

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth
Male					Sept 1, 1922 [illegible]

FATHER	MOTHER
9. Full name: Harry Kirkham Lattig	18. Full maiden name: Clara Pearl Mahoney
10. Residence (usual place of abode) (If non-resident, give place and State): Payette, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Payette, I[illegible]
11. Color or race: Wh. | 12. Age at last birthday: 32 (years)	20. Color or race: Wh. | 21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or country): Anita, Iowa	22. Birthplace (city or place) (State or country): Marysville, Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 9:30 A.

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature] M.D.

or ....., Midwife

[illegible] (Date of)

Address Payette, Idaho

Filed Sept 2, 1922, [illegible] J. C. Woodward Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—[illegible]
One child at birth a Separate Return must be made for each, and the number of each, in [illegible]

515-103-038-215

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4

File No. 105097

No. 1030 Center Ave St.

Primary Registration District No. 1008

Registered No. 90

Hospital Blanchard Maternity

FULL NAME OF CHILD Richard Keith Van Natta

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 3 1922

	FATHER	MOTHER
FULL NAME	Percy Harvey Van Natta	FULL MAIDEN NAME Velma Lenora Sands
RESIDENCE	Council Ida	RESIDENCE Council Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE Nebraska
OCCUPATION	Farmer	OCCUPATION None

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8.30 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) J. C. Woodward M.D.

Physician

(Physician or midwife)

Address Payette Ida

Filed Sept 4 1922. J. C. Woodward Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WE

NOV 6 1922 VITAL STATISTICS

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street: 1030 Center ave.

County: Payette

File Number: 105097

Registration Dist. No. Primary No 1008 District No 4

Sex of Child: Male

Date of Birth: Sept 2 1922.

Father: Perl Harvey Van Natta (Full Name)

Mother: Velma Lenora Sands (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Richard Heath Van Natta
Child's Name in Full

Mrs Perl Van Natta
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

239-118-038-262

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

RECEIVED OCT 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

105098

County of Payette.

City of

No. St.

Hospital

Registration District No. 4 File No.

Primary Registration District No. 1008 Registered No. 91.

FULL NAME OF CHILD William John Stirm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sep. 18, 1922

FATHER	MOTHER
FULL NAME: William E. Stirm	FULL MAIDEN NAME: Emma Ida Bosch
RESIDENCE: Payette, Idaho	RESIDENCE: Payette, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Payette, Idaho	BIRTHPLACE: Payette, Idaho
OCCUPATION: Farmer	OCCUPATION: Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12.45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J. C. Woodward M.D.

Physician
(Physician or midwife)

Address Payette, Idaho

Filed Sep 20, 1922. J. C. Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Payette

~~Street~~ R.F.D. # 2

County Payette

File Number 105098

Registration Dist. No. .....

Date of Birth Sept. 18 1922

Sex of Child Male

Father William Edward Stinn (Full Name) Mother Emma Ida Bosch (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William John Stinn (Child's Name in Full)

Mrs. Wm. E. Stinn (Signature of Father or Mother)

SEVERAL REASONS WHY A [redacted]IFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - -

OCT 24 19[illegible]

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

955-22-038-415

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105099

County of Payette

City of Payette

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 92

Hospital

FULL NAME OF CHILD Laura Deloris Reece

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sep. 22 1922

FATHER

FULL NAME W.J.Reece

RESIDENCE Payette, Idaho

COLOR White

AGE AT LAST BIRTHDAY 50 (Years)

BIRTHPLACE Arkansas

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Zela M.Davis

RESIDENCE Payette, Idaho

COLOR White

AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Missouri

OCCUPATION Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.00 p M. on the date above stated.

(Signature) J.C. Woodward M.D

Physician (Physician or midwife)

Address Payette, Idaho

Filed Sep 23 1922 J.C. Woodward Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street: .....

County: Payette

File Number: 105099

Registration Dist. No.: .....

Date of Birth: Sept 22 1922.

Sex of Child: Female

Father: William J. Reece (Full Name)

Mother: Zelah M. Davis (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Laura Delores Reece
Child's Name in Full

W. J. Reece
Signature of Father or Mother

APR 19 1951

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

993-22-038213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4

File No. 105100

No. ____ St.

Primary Registration District No. 1008

Registered No. 93

Hospital ____

FULL NAME OF CHILD THELMA LUCILLE RICH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept. 24 1922

FATHER

FULL NAME: Arnold C. Rich

RESIDENCE: Payette, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Annie Salt

RESIDENCE: Payette, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: New Zeland

OCCUPATION: Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10;30 P. M. on the date above stated.

(Signature) J. C. McDonald

(Physician or midwife)

Payette Idaho

Address ____

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

Filed Sept 28 1922 J. C. Woodward

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 11 195

613-204-039-133

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Power

City of Rockland P.O.

1922 CERTIFICATE OF BIRTH 105101

No. ..... St.

Registration District No. 25 File No. 9

Hospital .....

Primary Registration District No. 2072 Registered No. 442

FULL NAME OF CHILD ~~[illegible]~~ Rosalee Alvira Walker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		11	yes	April 4 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Joseph Walther	FULL MAIDEN NAME	Ebery Allen
RESIDENCE	Rockland	RESIDENCE	Rockland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan M.D.
(Physician ~~or midwife~~)

Address Inkerman Idaho

Give names added from a supplemental report.

..... 19....

..... Registrar.

Filed 10-3 1922 Richard L. Booth Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

OCT 20 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 105101
County of Box Elder } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Rosalee Alvira Walker (Name on Original Certificate) who Born (Was Born or Died) on Sept. 4, 1922 (Date of Event)
in American Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	RosaLee Alvira Walker
Date	Sept. 3rd	Sept. 4, 1922

Subscribed and sworn to before me this 6 day of October, 1943

J E Baird
Notary Public, residing at Brigham Utah
My commission expires Oct. 20-1945
(Seal)

Signed Martha Walker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Brigham City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Yellowstone }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of September, 1943

Ferne Dietrich
Notary Public, residing at
My commission expires
(Seal)

NOTARY PUBLIC for the State of Montana
Residing at Billings, Montana
My Commission Expires August 31, 1944

Signed Leslie Walker
(Signature of Any Credible Person Other Than Previous Year)
Billings, Montana
(Street Address, City, State)

APR 4 1952

SEP 12 19[illegible]

68-224-039-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105102

County of Power

City of Roy Idaho R.D.

No. ____ St.

Registration District No. 29

File No. ____

Hospital ____

Primary Registration District No. 2072

Registered No. 443

FULL NAME OF CHILD Ivariel Louise O'Harra

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		4	Yes	Sept 24 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Jasper Thomas O'Harra	FULL MAIDEN NAME Hilda Christine Peterson
RESIDENCE	Roy Idaho	Roy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	45 (Years)	34 (Years)
BIRTHPLACE	Oregon	Oregon
OCCUPATION	farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan

Physician

(Physician or midwife)

Address American Falls

Filed 10-3 1922 Richard L. Holt

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S

DEPARTMENT OF PUB

Boise, Idaho .....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

BUREAU OF VITAL STATISTICS 1922

Place of Birth: City American Falls; ~~Street~~ Bethany Hospital; County ~~Power~~ Power

File Number 105102

Registration Dist. No. .....

Sex of Child Female

Date of Birth September 24th 1922

Father Jasper Thomas O'Harra (Full Name)

Mother Hilda Christine Peterson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wavel Louise O'Harra
Child's Name in Full

Jasper T. O'Harra
Signature of Father or Mother

OCT 23 1956

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

271-226-039-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Power

City of American Falls, Ida.

CERTIFICATE OF BIRTH

105103

No. ..... St.

Registration District No. 25

File No. 9

Hospital .....

Primary Registration District No. 2072

Registered No. 444

FULL NAME OF CHILD ~~Marion Alice~~ ALICE MARION SPARKS

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female ~~Male~~	4 (To be answered only in event of plural births)	Yes	Sept 26 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Paul W Sparks	FULL MAIDEN NAME	Laura Lillie Blain
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Texas	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V G Logan

Physician

(Physician or midwife)

Address American Falls

Give names added from a supplemental report.

....., 19....

.....

Registrar.

Filed 16-3 1922 Richard L. Nott

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Jackson }

Certificate No. 105103
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth [illegible]
(Birth or death)
for Marion Sparks (Name on original certificate) who was born (Was born or died) on September 26, 1922 (Date of event)
in American Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bureau of Vital Statistics (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Marion Sparks	Alice Marion Sparks

Subscribed and sworn to before me this 16th day of January, 19 43

Mrs. Chapman

Notary Public, residing at Medford, Oregon

My commission expires March 19, 1946

[SEAL]

Signed Lily Sparks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rte 2 Box 435, Medford, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Jackson }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of January, 19 43

Mrs. Chapman

Notary Public, residing at Medford Oregon

My commission expires March 19, 1946

[SEAL]

Signed Paul Sparks
(Signature of any credible person other than the previous affiant.)

Rte 2 Box 435, Medford, Oregon
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

APR 1 1965

JAN 20 1943
JAN 28 1943

613-127-039-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of

No. St.

Hospital

Registration District No. 25 File No. 105105

Primary Registration District No. 2072 Registered No. 446

FULL NAME OF CHILD George Melton Walker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth
Male	3 (To be answered only in event of plural births)	yes	Sept 27 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 1% Sol silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James Omer Walker	FULL MAIDEN NAME	Aurelia Nine Kelly
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Truck driver	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V G Logan
Physician
(Physician or midwife)

Address American Falls

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 10-8 1922 Richard L. Nolte
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-117-039-615

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25p 1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105106

County of Power

City of Crystal P.O.

Registration District No. 25 File No. 9

No. ..... St.

Primary Registration District No. 2072 Registered No. 440

Hospital .....

FULL NAME OF CHILD Dale Martin Denning

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	7 (Month) 17 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Floyd Estly Denning	FULL MAIDEN NAME	Rissie Fannin
RESIDENCE	Crystal Idaho.	RESIDENCE	Crystal Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Pullman W. Virginia	BIRTHPLACE	American Falls Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 o'clock P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. D. B. Martin

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Crystal Idaho.

Filed 10 - 3 1922 Richard L. Nott

Registrar

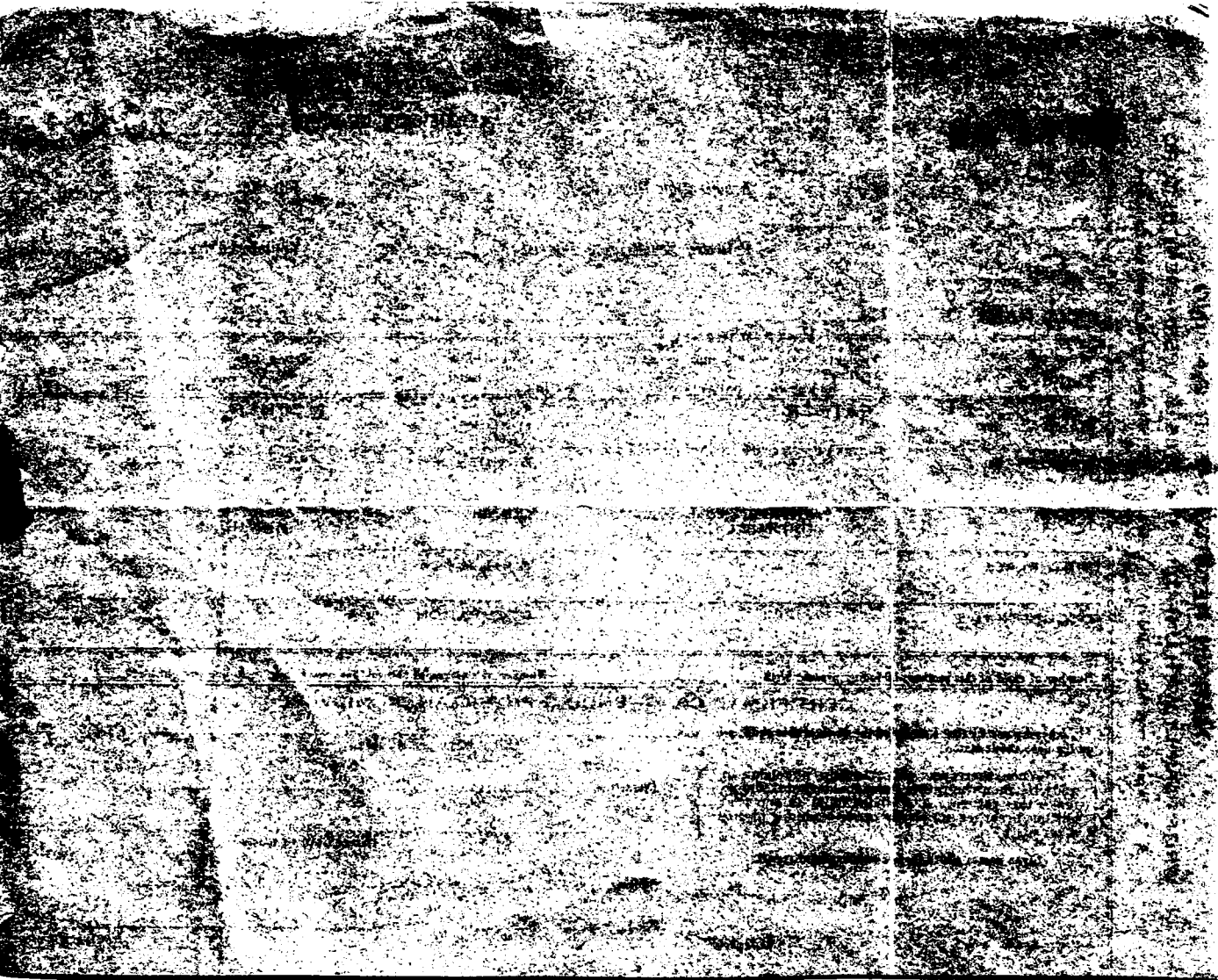
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



689-223-039-243

PLACE OF BIRTH

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1

CERTIFICATE OF BIRTH 105107

County of Power

City of Crystal

Registration District No. 23 File No. 9

No. ..... St.

Primary Registration District No. 2072 Registered No. 441

Hospital .....

FULL NAME OF CHILD Mildred Alice Whiting

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				yes	7	23	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fones Whiting	Margrey Butterfield
RESIDENCE	Crystal Idaho	Crystal Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	26
BIRTHPLACE	Mapleton Utah	Dempsey Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs D. B. Martin
(Physician or midwife)

Address Crystal Idaho

Given names added from a supplemental report.

..... 19.....

Filed 10-3 1922 R. J. Nott
Registrar

..... Registrar

8-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

DECEASED

813.126.039-943

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Power

City of American Falls

No. ..... St.

Hospital .....

RECEIVED OCT 15 1922

CERTIFICATE OF BIRTH 105108

Registration District No. 25 File No. 9

Primary Registration District No. 2072 Registered No. 439

FULL NAME OF CHILD James Joseph Hall
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Aug 26 1922

(To be answered only in event of plural births)

What bacterioidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joseph Karl Hall	FULL MAIDEN NAME	Muriel Renona Richard
RESIDENCE	American Falls Ida	RESIDENCE	American Falls. Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Montana	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mcmartinn M.D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 9-25 1922 Richard F. Nott
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/9/41. w.h.

AUG 24 1967

819-115-039-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105109

County of Power

City of American Falls

No. ..... St.

Registration District No. 25 File No. 9

Hospital ..... Primary Registration District No. 2072 Registered No. 438

FULL NAME OF CHILD Billy Drew Hartley
(Certificate of no value without full name of child.)

Sex of Child Male | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Aug 15 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 1 90 Silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Charles Henry Hartley	FULL MAIDEN NAME	Laura Lucille Johnson
RESIDENCE	American Falls Ida	RESIDENCE	American Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Colorado
OCCUPATION	Clerk. General Store	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 05 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon M D
Physician
(Physician or midwife)

Address Aberdeen Ida

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 8/18 1922 R. J. Noth
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 105109
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hartley (Name on Original Certificate) who born (Was Born or Died) on Aug. 15, 1922 (Date of Event)
in American Falls, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Uncle (Bible Record, Insurance Policy, Etc.) prepared on Sept. 25, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Billy Drew Hartley

Subscribed and sworn to before me this 25th
day of September, 1942

Notary Public, residing at Boise, Idaho
My commission expires June 11th 1943
(Seal)

Signed W. L. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2209 Brumbark Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of September, 1942

Notary Public, residing at Boise, Idaho
My commission expires June 11th 1943
(Seal)

Signed Lyman M. Steadman
(Signature of Any Credible Person Other Than Previous Year)
216 Eden Boise Idaho
(Street Address, City, State)

SEP 25 1942

APR 16 1943

141-207-039-266

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED 1922

CERTIFICATE OF BIRTH 105110

County of Power

City of American Falls

No. ____ St.

Registration District No. 25

File No. ____

Hospital ____

Primary Registration District No. 2072

Registered No. 437

FULL NAME OF CHILD Betty LOU Adams

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—		—	yes	Aug 7 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	George William Adams	FULL MAIDEN NAME Letty Bowler
RESIDENCE	American Falls Ida	RESIDENCE American Falls Ida
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Utah
OCCUPATION	Linotype Operator	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.05 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W. C. Markham M.D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Aug 8, 1922 R. F. Hoth
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 194

469-1'30-040-816

[redacted] OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 7 1922

CERTIFICATE OF BIRTH

105111

County of Shoshone

City of Kellogg

Registration District No. 123

File No.

No. St.

Primary Registration District No.

Registered No. 45

Hospital No

FULL NAME OF CHILD Richard Hofer Morin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	1	Yes	May 30 1922

FATHER		MOTHER	
FULL NAME	Joseph Walter Morin	FULL MAIDEN NAME	Edna May Olive Hofer
RESIDENCE	Seattle, Wash.	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mass	BIRTHPLACE	Oregon
OCCUPATION	Saw Gage worker	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 35 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed Sept 20 1922 E. E. Hardy Registrar

AUG 27 1943

955-104-040-559

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

105112

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 133 File No.

No. St.

Primary Registration District No. Registered No. 43

Hospital No

FULL NAME OF CHILD Jennie Rose Renaldi

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		1	Yes	6 4 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Renaldi	Ester Vergobbi
RESIDENCE	Kellogg	Kellogg
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	31
BIRTHPLACE	Italy	Mass
OCCUPATION	Motor Mech	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar.

Filed 9/30/ 19 22 E E Hardy
Registrar.

SEP 9 1955

363-210-040-1 32

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg Registration District No. 153 File No. 105113

No. ..... St.

Hospital 16 Primary Registration District No. ..... Registered No. 44

FULL NAME OF CHILD Eleanor Louise Colonello

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		2	Yes	6 10 1922

FATHER	MOTHER
FULL NAME John B. Colonello	FULL MAIDEN NAME Clara Nellie Albriola
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Italy	BIRTHPLACE Idaho
OCCUPATION Woodsman	OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) J. R. Mason

(Physician or midwife)

Address .....

Filed 9/30 1922 E. E. Ford, Registrar.

K

JUL 2 1975

JAN 4 1944

451-123-040-795

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

105114

County of Shoshone

City of Kellogg

Registration District No. 123 File No.

No. St.

Primary Registration District No. Registered No. 45

Hospital No

FULL NAME OF CHILD Grover Egbert Deal

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	3	2/20	6 23 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wyan Egbert Deal	FULL MAIDEN NAME	Ruth Ann Grey
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Minn	BIRTHPLACE	Maine
OCCUPATION	Transfer Business	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:00 A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed 9/20/ 1922 E. E. Shardy

Registrar.

299-123-040-235

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED OCT 7 1922 BUREAU OF VITAL STATISTICS

County of Shoshone

City of Kellogg

No. ..... St.

Hospital No

Registration District No. 123

File No. 105115

Primary Registration District No. .....

Registered No. 46

FULL NAME OF CHILD Robert Lewis Brian

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	2	Yes	6 23 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray Brian	FULL MAIDEN NAME	Ethel Steward
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Washington	BIRTHPLACE	Oka
OCCUPATION	Book Keeper	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed 9/20/ 1922 E. E. Hardy

Registrar.

4/16/41 L. B.

766-223-040-235

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Shoshone RECEIVED OCT 7 1922 BUREAU OF VITAL STATISTICS

City of Kellogg

CERTIFICATE OF BIRTH 105116

No. ..... St. Registration District No. 123 File No. .....

Hospital ? Primary Registration District No. ..... Registered No. 47

FULL NAME OF CHILD Carrina Alberta Poffenroth.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	6/23/1922

What bactericidal solution was used in eyes? Argasol 15%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	A. E. Poffenroth	FULL MAIDEN NAME	Maude Arlington Stevenson
RESIDENCE	Kellogg, Idaho.	RESIDENCE	Kellogg, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Calgary, Alta. Canada.	BIRTHPLACE	Boston, Mass.
OCCUPATION	Deliveryman for grocery	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. MacDougall M.D.
(Physician or midwife)

Address Kellogg, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 9/20/1922 E. E. Hand
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 10 1942

751-125-040-693

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 7 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105117

County of Shoshone

City of Carbonite

Registration District No. 123 File No.

No. St.

Hospital Yes Primary Registration District No. Registered No. 48

FULL NAME OF CHILD Earl Eugene Pearson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth 3	Legitimate?	Date of Birth (Month)	(Day)	(Year)
boy			Yes	6	25	1922

FATHER	MOTHER
FULL NAME Earl Alfin Pearson	FULL MAIDEN NAME Angeline Barbro Wickstrom
RESIDENCE Carbonite. Ida	RESIDENCE Carbonite
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Farmer.	OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:00 A M. on the date above stated.

(Signature) I. R. Mason

(Physician or midwife)

Address

Filed 9/30/ 1922 E E Ward Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar.

Certified copy issued 12-19-1940 D.P.

358-111-040-119
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 7 1922

CERTIFICATE OF BIRTH

County of Shoshone
City of Pine Creek Registration District No. 123 File No. 105118
No. ..... St.
Hospital No Primary Registration District No. ..... Registered No. 49
FULL NAME OF CHILD Leonard Adolph Lehtola.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			6	Yes	May 11 1922

FATHER		MOTHER	
FULL NAME	Waino Lehtola.	FULL MAIDEN NAME	Fannie Jarkko
RESIDENCE	Pine Creek	RESIDENCE	Pine Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Mill man	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9. A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar.

Address .....

Filed 9/20/ 1922 E. E. Stand Registrar.

APR 17 1944

25-205-640-912

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 7 192

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 105119

No. ..... St.

Primary Registration District No. ..... Registered No. 50

Hospital Yes

FULL NAME OF CHILD Shirley Virginia Bernard.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	Yes	7 5 1922

FATHER

FULL NAME Albert Andrew Bernard

RESIDENCE Kellogg

COLOR White AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Wis

OCCUPATION Miner

MOTHER

FULL MAIDEN NAME Olivia Rasmusson.

RESIDENCE Kellogg.

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Iowa

OCCUPATION Home wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed 9/20/ 19 22 E. E. Sandy

Registrar.

MAY 1 3 1965

APR 15 19[redacted]

JUN 2 1944

857206 C 40 - 281

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 7 192

CERTIFICATE OF BIRTH

105120

County of Shoshone

City of Kellogg

Registration District No. 123

File No.

No. St.

Primary Registration District No.

Registered No. 571

Hospital No

FULL NAME OF CHILD Norrie Sarah Hoglund

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	and	3	Yes	7 6 1922

FATHER		MOTHER	
FULL NAME	Ellis Hoglund	FULL MAIDEN NAME	Lillian Shaw
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Sweden	BIRTHPLACE	England
OCCUPATION	Blacksmith	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed 9/30/ 1922 Ellis Hoglund

Registrar.

455-107-040-557

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 7 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg Registration District No. 153 File No. 105121

No. ..... St.

Primary Registration District No. ..... Registered No. 52

Hospital No

FULL NAME OF CHILD Clayton Emmett Hurley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	and	3	Yes	7 7 1922

FATHER		MOTHER	
FULL NAME	Clayton R. Hurley	FULL MAIDEN NAME	Hazel Keaning
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	B. C.
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) J. R. Mason.

(Physician or midwife)

Address .....

Filed 9/20/ 19 22 E. E. Hand Registrar.

APR 3 0 1973

2/25/41 L. B.

819-112-040-944

PLACE OF BIRTH

RECEIVED OCT 7 1922 VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg.

Registration District No. 123 File No. 105122

No. ..... St.

Primary Registration District No. ..... Registered No. 53

Hospital Yes

FULL NAME OF CHILD Wilbur Jack Harris, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	2	Yes	7 12 1922

FATHER		MOTHER	
FULL NAME	Wilbur Jack Harris	FULL MAIDEN NAME	Ruby R. Rummerfield
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mich	BIRTHPLACE	Idaho.
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address

Filed 9/20/ 1922 E. E. Hand Registrar.

K

6/5/41 L. B.

SEP 1 7 1941

138-217-040-646

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 7 19[illegible] BUREAU [illegible]

CERTIFICATE OF BIRTH

105123

County of Shoshone

City of Kellogg

No. ..... St.

Registration District No. 123 File No. .....

Primary Registration District No. ..... Registered No. 3-40

Hospital No

FULL NAME OF CHILD Irene Amanda Acho.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			2	Yes	July 17 1922

FATHER

FULL NAME Edward Acho.

RESIDENCE Kellogg.

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Finland

OCCUPATION Coal Dealer

MOTHER

FULL MAIDEN NAME Edla Nuolla.

RESIDENCE Kellogg

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Finland

OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed 9/20/ 19 22 E. E. Hand.

Registrar.

APR 2 9 1943
SEP 2 5 1943
AUG 1 4 1953

235-218'040-235

PLACE OF BIRTH

Form V. S. No. 11—20m

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 153

File No. 105124

No. ..... St.

Primary Registration District No. .....

Registered No. 55

Hospital Yes

FULL NAME OF CHILD Lucille Marie Stevens

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	Yes		1	No	July 18 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	No	FULL MAIDEN NAME	Ica Leona Stevens
RESIDENCE		RESIDENCE	Kellogg
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White — AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE		BIRTHPLACE	Ohio
OCCUPATION		OCCUPATION	Store Clerk

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12.10 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed 9/20/ 19 22

E. L. Hardy
Registrar.

JUL 7 1945

OCT 1 4 1942

235-218-040-235

PLACE OF BIRTH

Form V. S. No. 11—20m-

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 7 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105125

County of Shoshone

City of Kellogg Registration District No. 123 File No.

No. St.

Primary Registration District No. Registered No. 56

Hospital Yes

FULL NAME OF CHILD Kiella Mae Stevens

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	Yes	2	No	July 6 1922

FATHER		MOTHER	
FULL NAME	No	FULL MAIDEN NAME	Ida Leona Stevens
RESIDENCE		RESIDENCE	Kellogg
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE		BIRTHPLACE	Ohio
OCCUPATION		OCCUPATION	Store Clerk.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.35 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed 9/30/ 19 22 E. E. Hand

Registrar.

653-221-040-346

PLACE OF BIRTH

RECEIVED OCT 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105126

County of Shoshone

City of Kellogg

No. ..... St.

Registration District No. 123 File No. .....

Hospital No Primary Registration District No. ..... Registered No. 47

FULL NAME OF CHILD Joseph Felito
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	July 21 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Frank Felito	FULL MAIDEN NAME Elma Marie Tufty
RESIDENCE Kellogg Idaho	RESIDENCE Kellogg Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Hudson Wisconsin
OCCUPATION Smelter man	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.
(Physician or midwife)

Address Kellogg Idaho

Filed 9/30/ 1922 E. E. Hardy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922 - 25955

196-223-040-346

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT
BUREAU OF VITAL
STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital No

Registration District No. 153

File No. 105127

Primary Registration District No. .....

Registered No. 58

FULL NAME OF CHILD Elnor Virginia Aro

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	2	Yes	7 23 1922

FATHER		MOTHER	
FULL NAME	Simon Aro	FULL MAIDEN NAME	Ida May Tuomala
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mont	BIRTHPLACE	Finland
OCCUPATION	Rail Road Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:55 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address

Filed 9/20/ 1922 E. E. Hard

Registrar.

AUG 8 1946

168-225-040-115

PLACE OF BIRTH

RECEIVED
OCT 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105128

County of Shoshone

City of Kellogg

~~No.~~ No number Mission Ave.

Registration District No. 123 File No.

Hospital Primary Registration District No. Registered No. 59

FULL NAME OF CHILD Velta Marie Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	7/25/1922

What bactericidal solution was used in eyes? Argarol 15%

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Walter J. Johnson	FULL MAIDEN NAME	Regina Jansen
RESIDENCE	Kellogg, Idaho.	RESIDENCE	Kellogg, Idaho
COLOR	white AGE AT LAST BIRTHDAY 24 (Years)	COLOR	white AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Wisconsin
OCCUPATION	Miner.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. MacDougall M.D.
(Physician or midwife)

Address Kellogg, Idaho.

Filed 9/20/1922 E. E. Hardy
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

599-202-040653

PLACE OF BIRTH

RECEIVED OCT. 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105129

County of Shoshone

City of Kellogg

No. ..... St.

Registration District No. 133 File No. .....

Hospital Mr. Primary Registration District No. ..... Registered No. 60

FULL NAME OF CHILD Lucile Helen Vertue

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3	Yes	Aug 2 1922

What bacteriolidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME George S. Vertue	FULL MAIDEN NAME Ruth Anna Watson
RESIDENCE Kellogg Idaho	RESIDENCE Kellogg Idaho
COLOR White AGE AT LAST BIRTHDAY 30 (Years)	COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Hot Springs So Dak	BIRTHPLACE Huron So Dak
OCCUPATION Lessee Mine	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from Aug 2 at 5-P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Hardy M.D.

(Physician or midwife)

Address Kellogg Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 9/30/1922 E E Hardy

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-208-040-862

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 7 192 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105130

County of Shoshone

City of Kellogg

Registration District No. 123 File No.

No. St.

Primary Registration District No. Registered No. 61

Hospital No

FULL NAME OF CHILD Mary Lane Nearing

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	2	Yes	Aug 8 1922

FATHER		MOTHER	
FULL NAME	William Edward Nearing	FULL MAIDEN NAME	May Hokola
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Canada	BIRTHPLACE	Idaho
OCCUPATION	Lumber man	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10.20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed 9/20/ 1922 E. E. Kord, Registrar.

[illegible] V. S. No. 11 [illegible]

[illegible] DEPARTMENT OF PUBLIC WELFARE

[illegible]

[illegible] BUREAU OF [illegible] STATISTICS

County of [illegible]

City of Kellogg

Registration District No. 153

File No. 105131

No. ..... St.

Primary Registration District No. .....

Registered No. 62

Hospital No

FULL NAME OF CHILD Amelia Irene Maddox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	2	Yes	Aug 9 1922

FATHER	MOTHER
FULL NAME George Francis Maddox	FULL MAIDEN NAME Florence Irene Nearing
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR White — AGE AT LAST BIRTHDAY 25 (Years)	COLOR White — AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Idaho
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4.20 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address

Filed 9/20/ 1922 E E Hardy

Registrar.

JAN 8 1944

MAR 9 1943

319-210-040-395

PLACE OF BIRTH

RECEIVED OCT 7 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Shoshone

City of Kellogg

No. ..... St.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 123 File No. 105132

Hospital No Primary Registration District No. 0 Registered No. 63

FULL NAME OF CHILD Elfie Lennea Carlson

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug 10 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Carl Oscar Carlson	FULL MAIDEN NAME	Ida Catherine Lund
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:15 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) E E Hardy M D

(Physician or ~~midwife~~)

Address Kellogg Idaho

Filed 9/20/ 192 E E Hardy
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1944

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Columbia } ss.

Certificate No. 105132

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alice Linnie (Name on Original Certificate) who Born (Was Born or Died) on August 10, 1922 (Date of Event)
in Kellogg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by MOTHER (Bible Record, Insurance Policy, Etc.) prepared on MAY 17, 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Alice Linnie	Elfie Leona Carlson
		LENNEA

Subscribed and sworn to before me this 17 day of May, 1944.

Signed Elfie Leona Carlson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Maygus Oregon

Notary Public, for Oregon

Rte. 1, Box 402 Clatskanie, Oregon
(Street Address, City, State)

My commission expires (Seal)

My commission expires Oct. 12, 1944

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Columbia } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of May, 1944.

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Maygus Oregon

Rte. 1, Box 402, Clatskanie, Oregon
(Street Address, City, State)

My commission expires (Seal)

Notary Public, for Oregon

My commission expires Oct. 12, 1944

55621 4.040-693

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 7 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105133

County of Shoshone

City of Kellogg

Registration District No. 153

File No.

No. St.

Hospital No

Primary Registration District No.

Registered No. 69

FULL NAME OF CHILD Leona Lavine Newton.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	and	5	Yes	Aug 14 1922

FATHER		MOTHER	
FULL NAME	Benjiman Newton	FULL MAIDEN NAME	Ethel Williams
RESIDENCE	Kellogg.	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33. (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. L. Mason.

(Physician or midwife)

Address

Given names added from a Supplemental report.

Filed 9/30/22 19 E. E. Hand
Registrar.

Registrar.

FEB 25 1972

243-217-040-392

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 7 1922
VITAL

CERTIFICATE OF BIRTH

County of Shoshone

City of Wardner.

Registration District No. 13-3

File No. 105134

No. ..... St.

Primary Registration District No. .....

Registered No. 65

Hospital No

FULL NAME OF CHILD Berika Elaine Kuckenbrecker.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Girl			3	Yes	Aug	17	1922

	FATHER	MOTHER
FULL NAME	Edward Carl Kuckenbrecker	FULL MAIDEN NAME Lillian Viola Lickley
RESIDENCE	Wardner.	Wardner.
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	30 (Years)
BIRTHPLACE	Wis	Kansas
OCCUPATION	Miner	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9.20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed 9/30/ 1922

E. E. Hand
Registrar.

614-220-040-897

PLACE OF BIRTH

RECEIVED
OCT 7 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105135

County of Shoshone

City of Kellogg

Registration District No. 123 File No.

No. St.

Primary Registration District No. Registered No. 66

Hospital

FULL NAME OF CHILD Elizabeth Margaret Wadsley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Girl		2	Yes	Aug	20	1922

FATHER

FULL NAME Arthur B. Wadsley

RESIDENCE Kellogg

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE England

OCCUPATION Assayer

MOTHER

FULL MAIDEN NAME Annie S. Higgins

RESIDENCE Kellogg

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Ireland

OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4.02 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed 9/30 19 22 E. E. Hand

Registrar.

MAR 28 1949

DEC 1 1954

JAN

945-225-040-318

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
OCT 7 1922
BUREAU OF VITAL STATISTICS

County of Shoshone

City of Kellogg

Registration District No. 123

File No. 105136

No. ..... St.

Primary Registration District No. .....

Registered No. 67

Hospital No

FULL NAME OF CHILD WILMOTH ARDEN RUNNINGS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	5	Yes	Aug 25 1922

FATHER		MOTHER	
FULL NAME	James Kenedy Runnings	FULL MAIDEN NAME	Ora Margrete Taylor
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Mich	BIRTHPLACE	Washington
OCCUPATION	Painter	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:25 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 9/20/ 1922 E. E. Hardy

Registrar.

K

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

JAN 2 1942

Certificate No. 105136

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for WILMOTH ARDEN RUNNINGS (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 25, 1922 (DATE OF EVENT)
in Kellogg, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Runnings	Wilmoth Arden Runnings
(Mother's maiden name - ORA TAYLOR)		

Subscribed and sworn to before me this 30th
day of December, 1941

Nellie L. McCarty
Notary Public, residing at Kellogg, Idaho

My commission expires 5/20/44
(SEAL)

Signed Ora Taylor Runnings
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Kellogg, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 2 1942 By
(REGISTRAR'S SIGNATURE)

255-127-040-449

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

RECEIVED
OCT 7 1922
VITAL STATISTICS SECTION

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 123

File No. 105137

No. ..... St.

Primary Registration District No. .....

Registered No. 65

Hospital No

FULL NAME OF CHILD Herald Hickman Beebe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		2	Yes	Aug 27 1922

FATHER

FULL NAME: Joe Hickman Beebe

RESIDENCE: Kellogg

COLOR: White

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Los Angeles, Calif.

OCCUPATION:

MOTHER

FULL MAIDEN NAME: Mable Ellen Murray

RESIDENCE: Kellogg

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Washington

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:04 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed 9/30/ 1922 E. E. Hand

Registrar.

255-127-040-449

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 1922 BUREAU

CERTIFICATE OF BIRTH

105138

County of Shoshone

City of Kellogg

Registration District No. 123 File No.

No. St.

Primary Registration District No. Registered No. 69

Hospital No

FULL NAME OF CHILD Herbert Murray Beeler

Sex of Child	Twin X Triplet or other? and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	3 [illegible]	Yes	Aug 27 1922

(To be answered only in event of p[illegible] births)

FATHER		MOTHER	
FULL NAME	Joe Hickman Beeler	FULL MAIDEN NAME	Mable Ellen Murray
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Tenn	BIRTHPLACE	Washington
OCCUPATION	Loc Engineer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6.50 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed 9/20/ 1922 E. E. Hardy

Registrar.

JUN 27 1967

JUN 5 1942

281-205-040-249

PLACE OF BIRTH

RECEIVED
OCT 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105139

County of _____

City of _____

No. _____ St.

Registration District No. 123 File No. _____

Hospital _____ Primary Registration District No. _____ Registered No. 70

FULL NAME OF CHILD Baby Crumture - 6½ mo. lived only 3 hours.

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	9 / 5 / 1922

What bacteriocidal solution was used in eyes? Argyrol 15%.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 0

FATHER		MOTHER	
FULL NAME	R. M. Shaw	FULL MAIDEN NAME	Belle Smith
RESIDENCE	123 W. Cameron	RESIDENCE	123 W. Cameron
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Washington.	BIRTHPLACE	Wisconsin.
OCCUPATION	Tractor-Driver.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 4:15 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) C. S. Macdougall M.D.

(Physician or midwife)

Address _____

Filed 9/30/1922 E. L. Hand
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

485-107-040-613

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital No

RECEIVED
OCT 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105140

Registration District No. 123 File No. .....

Primary Registration District No. ..... Registered No. 71

FULL NAME OF CHILD Deuman Kirby Dyer

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 7 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ralph Ernest Dyer	FULL MAIDEN NAME	Dena Mary Watts
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 10 P. M. **on the date above stated.**

(Born alive or stillborn)

(Signature) E E Hardy M D

(Physician or ~~midwife~~)

Address Kellogg Idaho

Filed 9/30/1922 E E Hand

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

37-214-040-315

PLACE OF BIRTH

RECEIVED OCT 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105141

County of Shoshone

City of Kellogg

No. ..... St.

Registration District No. 123 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. 72

FULL NAME OF CHILD Charlotte Pauline Clark

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Sept 14 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Philip Clark	FULL MAIDEN NAME Catherine Matilda Lange
RESIDENCE Kellogg Idaho	RESIDENCE Kellogg Idaho
COLOR white	AGE AT LAST BIRTHDAY 31 (Years)
COLOR white	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Medical Lake Wash	BIRTHPLACE Duluth Minn.
OCCUPATION Lumberman	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:25 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Hardy M D

(Physician or ~~midwife~~)

Address Kellogg Idaho

Filed 9/20/1922 E E Hardy

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1943

1922-27:040 715

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. 216 E. Idaho St.

Hospital No.

Registration District No. 133

Primary Registration District No.

File No. 105142

Registered No. 73

FULL NAME OF CHILD Jean Armstrong.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	9/27/1922

What bactericidal solution was used in eyes? 15% Solargentum.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	W. Armstrong	Helen Isa Jean.
RESIDENCE	216 E. Idaho, Kellogg.	216 E. Idaho.
COLOR	White	White.
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	New York.	New York.
OCCUPATION	Miner.	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) A. S. MacDougall. M.D.
(Physician or midwife)

Address Kellogg, Idaho.

Filed 9/29/1922 E. E. Hand
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-219-
041-381

PLACE [redacted]

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105143

County of Tela

City of Felt

No. ..... St.

Registration District No. 77 File No. .....

Hospital ..... Primary Registration District No. 2176 Registered No. 98

FULL NAME OF CHILD Annie Marie Bain
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Aug (Day) 19 (Year) 1922
F		Yes	

What bactericidal solution was used in eyes? Argent 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lawson Lawson H Bain	FULL MAIDEN NAME	Margret Chapman
RESIDENCE	Felt Idaho	RESIDENCE	Felt
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	80
BIRTHPLACE	Tennessee	BIRTHPLACE	Nebraska
OCCUPATION	Rancheman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Culbertson
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Driggs Idaho

Filed Oct 1st 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to [redacted] ance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Felt

Street:

County: Teton

File Number: 105143

Registration Dist. No.:

Date of Birth: August 19 1922.

Sex of Child: Female

Father: Lawson Hatten Bain (Full Name)

Mother: Margaret Chapman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Annie Marie Bain
Child's Name in Full

L. H. Bain
Signature of Father or Mother

RE
NU

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

958-20-041-369

PLACE OF BIRTH

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105144

County of Teton

City of Driggs

No. ..... St.

Registration District No. 77 File No. .....

Hospital .....

Primary Registration District No. 2176 Registered No. 97

FULL NAME OF CHILD Donna Reynolds
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		yes	July 1 1922

What bactericidal solution was used in eyes? 10 % ugarol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Elmer L Reynolds	FULL MAIDEN NAME	Lucy Corden
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Ranchman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Culbertson

Physician
(Physician or midwife)

Address Driggs Idaho

Filed Oct 1st 1922 Martha Marker
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 6 1966

259-115-04

PLACE OF [redacted]

County of Teton

City of Driggs [redacted] 145

No. [redacted] St.

Hospital [redacted] Primary Registration District No. 2176 Registered No. 96

FULL NAME OF CHILD Lile Franklin Knight

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Aug 15 1922

What bactericidal solution was used in eyes? 10% argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lew Franklin Knight	FULL MAIDEN NAME	Lucile Tittle
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carbertson

Physician

(Physician or midwife)

Address Driggs Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Oct 1st 1922 Martha Marker

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595-110-041-916

PLACE OF BIRTH

RECE[illegible] OCT 5 192[illegible] BUREAU [illegible] STATIS[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105146

County of Teton

City of Tetonia

No. ..... St.

Registration District No. 77 File No. .....

Hospital ..... Primary Registration District No. 2176 Registered No. 95

FULL NAME OF CHILD Theral R. Nielsen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept (Day) 10 (Year) 1922
M		yes	

What bactericidal solution was used in eyes? 1 % Argand

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Harvey James J. Nielsen	FULL MAIDEN NAME	Almeda Rawlings
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancheman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Culbertson
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Drigger Idaho

Filed Oct 1st 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/5/41 L. B.

RECEIVED
NOV 6 1922
BUREAU OF VITAL STATISTICS

ATE OF IDAHO

MENT OF PUBLIC WE

Boise, Idaho, Oct. 29 1922.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Tetonia; Street; County Teton

File Number 105146

Registration Dist. No.

Sex of Child Male

Date of Birth September 10 1922

Father Harvey James Nielsen (Full Name)

Mother Almeda Rawlings (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Theral R. Nielsen
Child's Name in Full

Almeda Nielsen
Signature of Father or Mother

JUN 1 8 1968

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

652-119-041-812

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105147

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

County of Ada
City of Boise
No.
Hospital
Registration District No. 77
Primary Registration District No. 2176
File No.
Registered No. 94

FULL NAME OF CHILD ? Insensible Robert Wesley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Aug 19 1922

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	B. J. Insensible	FULL MAIDEN NAME	Maggie May Hastings
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Mississippi	BIRTHPLACE	Ida
OCCUPATION	Ranchman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn), at 9 0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) H. H. Cuthbertson
Physician
(Physician or midwife)

Address Boise Idaho

Filed Oct 1st 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — ~~City~~ Alta Wyo

Street .....

County Lyncon

File Number 105147

Registration Dist. No. .....

Date of Birth August 19 1922.

Sex of Child Male

Father Boyd Kirk Grostnickle (Full Name)

Mother Maggie May Hastings (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Wesley Grostnickle (Child's Name in Full)

Mrs. Boyd Grostnickle (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-215-641-593

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105148

County of Teton
City of Victor
No. ..... St.
Hospital
Registration District No. 77
Primary Registration District No. 2176
File No. .....
Registered No. 93

FULL NAME OF CHILD Lisa Pearl Burnside
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Oct 15 1922

What bactericidal solution was used in eyes? 10 M argent

Number of child of this mother, including present birth 3 — Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lawrence Burnside	FULL MAIDEN NAME	Elizabeth S. Nicholl
RESIDENCE	Victor Ida	RESIDENCE	Victor Teton, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) H. H. Culbertson
Physician
(Physician or midwife)
Address Driggs Idaho

Filed Oct 1st 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Teton

Certificate No. 105148

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of _____ (BIRTH OR DEATH)

for _____ (NAME ON ORIGINAL CERTIFICATE) who _____ (WAS BORN OR DIED) on _____ (DATE OF EVENT)

in _____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by _____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on _____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Vila Pearl Burnside	Vila Pearl Burnside
father's name	Lawrence Burnside	Lawrence Burnside

Subscribed and sworn to before me this 30 day of April, 19 45

Mrs. J. Strong

Notary Public, residing at Driggs Idaho

My commission expires April 14-1945

(SEAL)

Signed Elizabeth Burnside

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Teton

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of April, 19 45

Mrs. J. Strong

Notary Public, residing at Driggs Idaho

My commission expires April 14-1945

(SEAL)

Signed B. F. Fullmer

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Driggs Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on [illegible] By _____

(REGISTRAR'S SIGNATURE)

MAY 6 1942

113-205 1041-319

Form V. S. No. 11.C—25m-7-21-19

PLACE OF BIRTH

RECEIVED OCT 5 1922 BUREAU OF VITAL STATISTICS

County of Teton

City of Darby District No. 77 File No. 105149

No. ..... St.

Hospital home Primary Registration District No. 2176 Registered No. 92

FULL NAME OF CHILD MARGIE ORRINE JACOBSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
girl			yes	1 (Month) 5 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME: Henry A Jacobson	FULL MAIDEN NAME: Jensena L Larson
RESIDENCE: Darby	RESIDENCE: Darby
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Spring Utah	BIRTHPLACE: Frederickhaven Denmark
OCCUPATION:	OCCUPATION: mother

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily J. Beesley midwife (Physician or midwife)

Address Driggs Idaho

Given names added from a supplemental report. ..... 19.....

Registrar

Filed Oct 1st 1922 Martha Markor Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 105149
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Margie Orrine Jacobsen (Name on original certificate) who was born (Was born or died) on Sept. 5, 1922 (Date of event)
in Driggs, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Jensena Jacobsen, Mother (Bible record, insurance policy, etc.) prepared on December 4, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Jacobsen	Margie Orrine Jacobsen

Subscribed and sworn to before me this Fourth
day of December, 1941

E. L. Church
Notary Public, residing at Buhl, Idaho
My commission expires COMMISSION EXPIRES MARCH 15, 1945
[SEAL]

Signed Margie Orrine Jacobsen Reed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4
day of Dec., 1941

E. L. Church
Notary Public, residing at Buhl Idaho
My commission expires COMMISSION EXPIRES MARCH 15, 1945
[SEAL]

Signed Jensena Jacobsen
(Signature of any credible person other than the previous affiant.)

R.F.D. #4 Buhl, Idaho
(Street Address, City, State)

Received for filing on Dec 1941 By
(Registrar's signature)

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5m-7-21-19

[redacted] BUREAU OF VITAL STATISTICS

City of Pratt Ward [redacted] District No. 77 File No. [redacted]30

No. ____ St.

Hospital home Primary Registration District No. 2176 Registered No. 91

FULL NAME OF CHILD Merl Jackson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
girl				yes	7	20	19 22

	FATHER	MOTHER
FULL NAME	Rhodam Jackson	FULL MAIDEN NAME Jesie Leonia Beard
RESIDENCE	Pratt Idaho	RESIDENCE Pratt
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE Kansas
OCCUPATION	farmer	OCCUPATION mother

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 - A.M. on the date above stated.

(Signature) Emily J. Beasley midwife
(Physician or midwife)

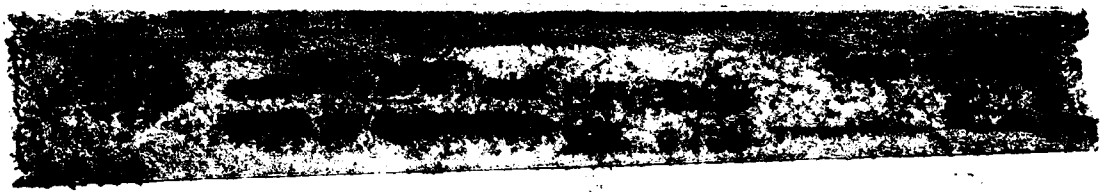
Address Driggs Ida

Filed Oct 1st 1922 Martha Marker Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar



415-128-041-892

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

County of Fulton
City of Dwyer
No. ____ St. ____
Registration District No. 77
File No. 105151
Hospital ____
Primary Registration District No. 3176
Registered No. 88

FULL NAME OF CHILD William Perry Daniels
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 28 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Melvin Daniels	FULL MAIDEN NAME	Lula Hubbard
RESIDENCE	Dwyer Ida	RESIDENCE	Dwyer Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. A. Martin
Physician
(Physician or midwife)

Address Dwyer Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 10/1 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

589-126-041-464

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105152

County of Teton

City of Driggs

No. ..... St. ..... Registration District No. 77 File No. .....

Hospital ..... Primary Registration District No. 2176 Registered No. 90

FULL NAME OF CHILD Alma Christensen
(Certificate of no value without full name of child.)

Sex of Child: Male | Twin, Triplet or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of birth: Sept 26 (Month) (Day) 192[illegible] (Year)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Neps Christensen	FULL MAIDEN NAME	Martha M Moulton
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 11 P.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas H Hart
Physician
(Physician or midwife)

Address Driggs Ida

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 10/1st 1926 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-202.041-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. 105153

Primary Registration District No. 2176 Registered No. 89

FULL NAME OF CHILD Carma Louville Burnside
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	Sept 2 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John A. Burnside	FULL MAIDEN NAME	Mary La Von Knight
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Cheese-Maker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Driggs Ida

Filed 10/1 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

furnish certi... ...ples of cer...
that the certificates be filed with the BUREAU O... ...
the same completed by furnishing the name of the chi...

PLEAS... ...Y FURNISHING THE NAME OF YOUR

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City: Driggs
Street:
County: Poton

File Number: 105153

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Sept 2 1922

Father: John P. Burnside
Full Name

Mother: Mary Le-von Knight
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Carma Louise Burnside
Child's Name in Full

John P. Burnside
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this ti[illegible] while many of the [illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

652-103.042-2 [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 1[illegible] 1922 VITAL STATISTICS

CERTIFICATE OF BIRTH

105154

County of Twin Falls

City of Twin Falls

No. ..... St. ..... Ward ..... Precinct No. 36 ..... File No. .....

Hospital mothers home Primary Registration District No. ..... Registered No. 38

FULL NAME OF CHILD Gordon Orson Webb

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Aug. 3, 192 2

What bacteriocidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	George Webb	FULL MAIDEN NAME	Carrie G. Strong
RESIDENCE	Murtaugh, Idaho	RESIDENCE	Murtaugh, Idaho
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Wyo.
OCCUPATION	farmer	OCCUPATION	HW.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician (Physician or midwife)

Address Kimberly, Idaho

Filed Aug 13, 1922 J. M. Davis Registrar.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 105154
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Gordon Orson Webb (Name on original certificate) who was born (Was born or died) on August 3, 1922 (Date of event),
in Twin Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ctf filed of record (Bible record, insurance policy, etc.) prepared on Oct 8, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Webb	~~Gordon O. Webb~~ Gordon Orson Webb

Subscribed and sworn to before me this 8th
day of October, 19 41
Leah Cedarholm
Notary Public, residing at Twin Falls, Idaho
My commission expires January 13, 1943
[SEAL]

Signed George T Webb (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

853 Ash St., Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 4 1948

OCT 8 1941

231-103-092-225

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 19 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 105155

County of Twin Falls

City of Hansen, No. ____ St.

Registration District No. 36

Hospital home

Primary Registration District No. ____

Registered No. 39

FULL NAME OF CHILD Frank Eugene Stanger

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Aug. 3 1922

What bacteriecidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John T. Stanger	FULL MAIDEN NAME	Grace H. Skeen
RESIDENCE	Hansen, Idaho	RESIDENCE	Hansen, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Aug 13, 1922 J. M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hansen

Street: Idaho

County: Twin Falls

File Number: 105155

Registration Dist. No.:

Date of Birth: Aug 3 1922

Sex of Child: Male

Father: J. J. Stanger (Full Name)

Mother: Grace H Stanger (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Frank Eugene Stanger

Child's Name in Full

Mrs Grace H Stanger

Signature of Father or Mother

764-102-042-755

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 19 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Kimberly
No. ..... St.
Registration District No. 36
File No. 105156
Hospital Home
Primary Registration District No. .....
Registered No. 40

FULL NAME OF CHILD Marvin Dale Goddard
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	Aug. 2 1922

What bacteriecidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Flem Larkin Goddard	FULL MAIDEN NAME	Ethel Florence Pennington
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly, Idaho.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Okla.
OCCUPATION	farmer	OCCUPATION	Hw-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Davis
Physician
(Physician or midwife)

Address Kimberly Idaho

Give names added from a supplemental report.

....., 19.....

Filed Aug 12 1922 J. R. Davis
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

632-202-042 [redacted]

PLACE OF BI[redacted]

CHILD'S MIDDLE NAME AMENDED
STATE OF IDAHO 1-19-2011 CHL
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SE[illegible] 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St. ..... District No. 38 ..... File No. 105157

Hospital Home ..... Primary Registration District No. ..... Registered No. 41

FULL NAME OF CHILD Betty ~~Jeanel~~ JENEL Olsen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Aug. 2 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Neils Albert Olsen	FULL MAIDEN NAME	Hannah Marie Sandberg
RESIDENCE	Kimberly Ida	RESIDENCE	Kimberly, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J N Davis
physician
(Physician or midwife)

Address Kimberly Idaho

Filed Aug 12 1922 J N Davis
Registrar.

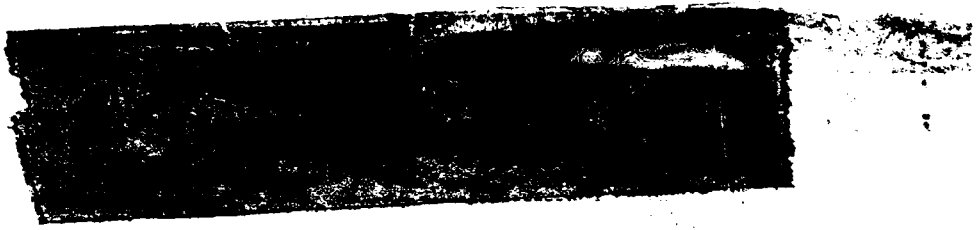
Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DEC 15 2010

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

DEC 15 2010

State of Idaho
County of Bonneville } SS

Certificate No. 1922-105157
Date Filed 09/19/1922

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)
for Betty Jeanel Olsen (Name on Original Certificate) who was born (Was Born, Died, etc.) on 08/02/1922 (Date of Event)
in Kimberly (Twin Falls Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's middle name	Jeanel	Jenel

Subscribed and sworn to before me this 13th day of December 2010

Notary Public, Camille Gregersen
Residing at Idaho Falls, ID
My commission expires 06-14-14
(Seal)

Betty Jenel Olsen
Signature of Applicant

4185 S Holmes Ave, Idaho Falls ID 83404
Street Address, City, State and Zip

CAMILLE GREGERSEN NOTARY PUBLIC STATE OF IDAHO

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } SS

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of

Notary Public,
Residing at
My commission expires
(Seal)

Signature of Applicant

Street Address, City, State and Zip

December 8, 2010 LDS MARRIAGE CERTIFICATE TAYLOR HENRY CARR & BETTY JENEL OLSEN MARRIED 9-3-1941 SEALED AS HUSBAND & WIFE 10-26-1944 VIEWED BY VS IDAHO BIRTH CERTIFICATE #1942-352207 KATHERINE ANN CARR BORN 6-9-1942 MOTHER'S MAIDEN NAME: BETTY JENEL OLSEN VIEWED BY VS

231-217-042-819

PLACE OF BIRTH

AMENDED MOTHER'S MAIDEN NAME 11-29-99 MS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 19 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Registration District No. 36

File No. 105158

Hospital Home

Primary Registration District No. .....

Registered No. 42

FULL NAME OF CHILD Betty Jean Staley
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	Aug. 17 1922

What bacterioidal solution was used in eyes? argyrol 10 %

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Warren Staley	FULL MAIDEN NAME	~~Mable Harriman~~ MABEL HARRYMAN
RESIDENCE	Kimberly Ida.	RESIDENCE	Kimberly Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kans.
OCCUPATION	laborer	OCCUPATION	Hse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Danner
Physician
(Physician or midwife)

Address Kimberly, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 24 1922 J. W. Danner
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 19 1959

11/8/99

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Twin Falls } ss.

Certificate No. #22-105158
Date Filed SEPT. 19, 1922

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for BETTY JEAN STALEY (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on AUG. 17, 1922 (Date of Event)

in KIMBERLY, IDAHO (TWIN FALLS) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
MOTHER'S MAIDEN NAME	MABLE HARRIMAN	MABEL HARRIMAN
	BF.	BF

Subscribed and sworn to before me this 15th day of November 1999.

Notary Public, Stefani Ivie
Residing at Twin Falls, Idaho
My commission expires 8/15/2005
(Seal)

STEFANI IVIE NOTARY PUBLIC STATE OF IDAHO

x Betty Freeman
Signature of Applicant

x 304 Rever View Dr. Twin Falls Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 11/13/1924 FILE #1915-126366 SHOWS WILBUR ROY STALEY BORN TO MABEL HARRYMAN AND WARREN STALEY VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILED 6/27/1967 FILE #67-2757 SHOWS MABEL STALEY DIED JUNE 19, 1967 IN TWIN FALLS (TWIN FALLS) ID MOTHER'S MAIDEN NAME MARTHA HARRYMAN VIEWED VS.

893-218-042-469

PLACE OF BIRTH

County of Twin Falls

City of Hansen

No. ..... St.

Hospital Home

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 36 File No. 105159

Primary Registration District No. ..... Registered No. 43

FULL NAME OF CHILD Norine Carol Hill
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 18 192 2

What bacterieidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth V Number of child of this mother now living, including present birth III

FATHER		MOTHER	
FULL NAME	Anton Godfred Hill	FULL MAIDEN NAME	Hattie Bell Morris
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis
Physician
(Physician or midwife)

Address Kimberly Idaho

Filed Aug 30 1922 J. M. Davis
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-22-942-613

PLACE OF BIRTH

RECEIVED SEP 19 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh

No. ..... St.

Hospital home

Registration District No. 36

File No. 105160

Primary Registration District No. .....

Registered No. 44

FULL NAME OF CHILD Willard Noah Woodland
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Aug. 22 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Leonard Woodland	FULL MAIDEN NAME	Ellen LaVon Walton
RESIDENCE	Murtaugh Idaho	RESIDENCE	Murtaugh Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mont.
OCCUPATION	farmer	OCCUPATION	Hw-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:05 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

Physician
(Physician or midwife)

Address Kimberly Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 30 1922 J. N. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

County of

APR 3 1964

163224.042-547

PLACE OF BIRTH

RECEIVED
SEP 19 192
BUREAU OF
STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105161

County of Twin Falls
City of Kimberly
No. ..... St.
Registration District No. 36
File No. .....
Hospital Home
Primary Registration District No. .....
Registered No. 45

FULL NAME OF CHILD Elizabeth Marie Goller
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Aug 24 1922

What bacterieidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Walter Ellis Goller	FULL MAIDEN NAME	Myrtle Fignor
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	Laborer, Creamery station	OCCUPATION	HW.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was birn alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. M. Davis

physician (Physician or midwife)

Address Kimberly Idaho

Filed Aug 31 192 J. M. Davis Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1941

791

County [redacted]

City of [redacted] 105162

No. [redacted] St.

Hospital ____ Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Theodore Harris Pratt

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8-3-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Raymond N. Pratt	FULL MAIDEN NAME	Maud Leota Chriswell
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Kentucky	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born dead, **at** 11 P **M.** (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Geo. Jennings M.D.

(Physician or midwife)

Address Buhl

Filed AUG 31 1922 19.....

J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-207.042-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

No. ..... St. ..... Registration District No. 39 File No. 105163

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Frankie Jean Newell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	8 7 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	A. Ed. Newell	FULL MAIDEN NAME	Nora Slack
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Arizona	BIRTHPLACE	utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Buhl Ida

Filed AUG 31 1922 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REASONS WHY A CERTIFICATE OF BI
COMPLETED WITH

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burbl

Street:

County: Twin Falls Co.

File Number: 105163

Registration Dist. No.: 2

Sex of Child: Female

Date of Birth: August 7th 1922

Father: Arthur Clark Newell (Full Name)

Mother: Nora E. Slack (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Frankie Jean Newell
Child's Name in Full

Mrs Arthur C. Newell
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 554-110-042-993

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Castleford

No. ..... St. Registration District No. 59 File No. 105164

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Donald Floyd Neumann
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	8 10 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Paul Neuman	FULL MAIDEN NAME	Ida Richardson
RESIDENCE	Castleford	RESIDENCE	Castleford
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebr.,	BIRTHPLACE	Va.,
OCCUPATION	Merchandise Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClinky
Phys
(Physician or midwife)

Address Buhl Ida

Filed AUG 31 1922 192 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

CERTIFICATE OF BIRTH S

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Castleford

Street: .....

County: Twin Falls

File Number: 105164

Registration Dist. No.: .....

Sex of Child: Male

Date of Birth: Aug 10 1922

Father: Paul Herman Neumann
Full Name

Mother: Ida Bell Neumann
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Donald Floyd Neumann
Child's Name in Full

Paul F Neumann
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

455-24-0042-352

County of Twin Falls

City of Castleford

No. ..... St. .....

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 105165

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Margaret Mary Denney
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	8 11 1922

What bacteriocidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Reuben R. R. Denney	FULL MAIDEN NAME Winifred Lester
RESIDENCE Castleford	RESIDENCE Castleford
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Wash.	BIRTHPLACE Ill
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, **at** 1:20 A. M. **on the date above stated.** (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky M.D.
(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed AUG 31 1922 192..

J. W. Murphy
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Benton } ss.

Certificate No. 105165

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Margaret Mary Denney (Name on Original Certificate) who was Born (Was Born or Died) on Aug 11th 1922 (Date of Event)
in Ruth Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Margaret Mary Denny	Margaret Mary Denney
name of father	R. R. Denny	Reuben R. Denney

Subscribed and sworn to before me this 25th
day of February, 1942

L. E. Johnson
Notary Public, residing at Kennewick

My commission expires Aug 2nd 1945
(Seal)

Signed Mrs. Reuben R. Denney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2, Kennewick Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 10 1942

MAR 17 1942

259-211-042-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105166

County of Twin Falls

City of Castleford

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Rosemary Bertelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	8 11 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	R. A. Bertelson	FULL MAIDEN NAME	Olive Bell
RESIDENCE	Castleford	RESIDENCE	Castleford
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey
Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Buhl Ida

Filed AUG 31 1922 192 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 6 1944

913-116 42-392

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105168

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. .....

Hospital .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Cecil Wayne Rathbun
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	8-16-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Clark Allen Rathbun	FULL MAIDEN NAME	Cora Frances Tibbets
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wht AGE AT LAST BIRTHDAY 32 (Years)	COLOR	Wht AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Wyo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings, M.D.
(Physician or midwife)

Address Buhl

Filed AUG 31 1922 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
OCT 23 192
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Country

Place of Birth — Street: .....

Place of Birth — County: Twin Falls

File Number: 105168

Registration Dist. No.: 2

Sex of Child: Male

Date of Birth: Aug. 16, 1922

Father: Clark Allen Rathbun
Full Name

Mother: Cora Francis Tibbets Rathbun
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Cecil Wayne Rathbun
Child's Name in Full

C. A. Rathbun
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

452-119-042-444

PLACE OF BIRTH

RECEIVED
SEP 19 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 105169

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Joseph Ralph Albert Deschamps

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	8 11 1922

FATHER		MOTHER	
FULL NAME	A. J. Deschamps	FULL MAIDEN NAME	Anna Dunnam
RESIDENCE	Buhl. Ida.	RESIDENCE	Buhl. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Mauk

Physician

(Physician or midwife)

Address Buhl. Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8-22-1922 J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Mar 4 1924.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street: .....

County: Twin Falls

File Number: 105169

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: 19 Aug 1923.

Father: Archille Deschamps (Full Name)

Mother: Anna Dumaine (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Joseph Ralph Albert Deschamps (Child's Name in Full)

Archille Deschamps (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

285-120-042-814

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St. Registration District No. 39 File No. 105170

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Howard Lezurn Sheldon
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	8 20 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Dr. W. B. Sheldon	FULL MAIDEN NAME	Ethel L. Hamlin
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wash.	BIRTHPLACE	Colo
OCCUPATION	Dentist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Phys
(Physician or midwife)

Address Buhl Idaho

Filed AUG 31 1922 192 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 4 1970

AUG 27 1942

365-120-042-792

PLACE OF BIRTH

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 105171

Registered No. .....

FULL NAME OF CHILD Loring

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	8-20-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ira James Loring	FULL MAIDEN NAME	Francis Clove Gibson
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	wht	COLOR	wht.
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	La.	BIRTHPLACE	Alabama
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Jennings MD

(Physician or midwife)

Address Buhl, Ida

Give names added from a supplemental report.

....., 19.....

Filed AUG 31 1922

J. N. Murphy

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF IDAHO

DEPAR[illegible]T OF PUBLIC WEL[illegible]

Boise, Idaho,..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number ..... 105171 .....

Registration Dist. No. .....

Sex of Child..... Male .....

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

JUL 17 2007

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

695-121-042-569

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 105172

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Harry William French

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	8 21 1922

FATHER		MOTHER	
FULL NAME	Alvin French	FULL MAIDEN NAME	Belle Norris
RESIDENCE	Buhl Ida.	RESIDENCE	Buhl Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	18	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Washington	BIRTHPLACE	Tennessee
OCCUPATION	Fanning	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7/30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Marsh

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida.

Filed 8-22 1922 J. H. Murphy Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }ss.
County of Grays Harbor }

Certificate No. 105172
Date Filed APR 17 [illegible]

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby French (Name on Original Certificate) who was born (Was Born or Died) on August 21, 1922 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by of my own knowledge (Bible Record, Insurance Policy, Etc.) prepared on I am his mother (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Harry William French

Subscribed and sworn to before me this 15th day of April, 19 42

John C Graham
Notary Public, residing at Aberdeen, Wash.
My commission expires July, 28th, 1945
(Seal)

Signed Eliza Belle Milbourn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
813 Heron Street, Aberdeen, Washington.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }ss.
County of Grays Harbor }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of April, 19 42

John C Graham
Notary Public, residing at Aberdeen, Washington
My commission expires July, 28, 1945
(Seal)

Signed Ethel Weston
(Signature of Any Credible Person Other Than Previous Year)
100 North Michigan St, Aberdeen, Wsshington
(Street Address, City, State)

DEC 28 1942

813-223-042-345

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105174

County of Twin Falls

City of Buhl

No. ____ St.

Hospital ____

Registration District No. 39 File No. ____

Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Lorenzo Russel Haley

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8-23-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Roy Haley	FULL MAIDEN NAME Edna Ruth Livingston
RESIDENCE	Buhl	RESIDENCE Buhl
COLOR	Wht	COLOR Wht
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Ark	BIRTHPLACE Ill.
OCCUPATION	Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 1:30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

~~Give names added from a supplemental report.~~

(Signature) Geo. Jennings MD

(Physician or midwife)

Address Buhl, Ida.

Filed AUG 31 1922 192

J. W. Murphey
Registrar.

~~Registrar~~

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

File Number: 105174

Street: .....

Registration Dist. No. .....

County: Twin Falls

Date of Birth: aug. 23 1922.

Sex of Child: Male

Father: Roy G. Haley (Full Name)

Mother: Edna H. Livingston (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lorenzo Russel Haley (Child's Name in Full)

Mrs Roy G Haley (Signature of Father or Mother)

FEB 20 1943

APR 3 1973

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

814-126-042-433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls. City of Buhl. No. St. Hospital

Registration District No. 39 Primary Registration District No. 2087 File No. 105175 Registered No.

FULL NAME OF CHILD James Edward Hamilton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	and		yes.	Aug 26 1922

What bacterieidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J.C. Hamilton.	FULL MAIDEN NAME	Laura McCarthy.
RESIDENCE	Buhl.	RESIDENCE	Same.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mont.
OCCUPATION	Banker.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy M.D. (Physician or midwife)

Address Buhl Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Sept. 9 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...ST ...F IDAHO
...DEPARTM... ...PUBLIC WELFARE
...BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: 508 - 11

County: Twin Falls

File Number: 105175

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Aug. 26 1922

Father: John Vincent Hamilton (Full Name)

Mother: Louise Jane McCarthy (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Edward Hamilton
Child's Name in Full

Mrs. J. C. Hamilton
Signature of Father or Mother

OCT 31 1942

JAN 21 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

274-128-042-846

County of Twin Falls

City of Buhl

No. ____ St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105176

Registration District No. 39 File No.

Primary Registration District No. 2087 Registered No.

FULL NAME OF CHILD George J. Spurny

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	8-28-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Spurny	Hattie Huff
RESIDENCE	Buhl	Buhl
COLOR	Wht	Wht
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Bohemia	Bohemia
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 a. M. on the date above stated.

(Signature) Geo Jennings MD

(Physician or midwife)

Address Buhl

Filed AUG 31 1922 J. H. Murphy Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street: .....

County: Twin Falls

File Number: 105176

Registration Dist. No.: 27

Date of Birth: 28th August 1922

Sex of Child: Male

Father: John A Spurny (Full Name)

Mother: Hettie A Spurny (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

George J. Spurny (Child's Name in Full)

John A Spurny Hettie A Spurny (Signature of Father or Mother)

SEP 18 1953

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
67722-042-663

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Buhl
No. ____ St.
Hospital

Registration District No. 39
Primary Registration District No. 2081
File No. 105177
Registered No.

FULL NAME OF CHILD Doreen Elfreda Oppliger
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	8 29 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER

FULL NAME Fred Oppliger
RESIDENCE Buhl
COLOR white
AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Kansas
OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lena Wolting
RESIDENCE Buhl
COLOR white
AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Kansas
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. E. Clusky
(Physician or midwife)
Address Buhl Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed AUG 31 1922 192..
J. W. Murphy
Registrar.

ST OF IDAHO

DEPARTM LIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Buhl; Street; County Twin Falls

File Number 105177

Registration Dist. No.

Date of Birth Aug. 29 1922

Sex of Child Female

Father Frederick Oppliger (Full Name)

Mother Caroline Wolting (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dorleen Elfrieda Oppliger (Child's Name in Full)

Frederick Oppliger (Signature of Father or Mother)

OCT 31 1961

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

NOV 27 1943

- - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

334-130-842-614

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 9 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 105178

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Elmer Levant Clute
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	8-30-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Fred L. Clute	FULL MAIDEN NAME	Goldie J. Faucher
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wht	COLOR	Wht.
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ill.	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings MD
(Physician or midwife)

Address Buhl, Ida.

Filed AUG 31 1922 192 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

DEPARTMENT

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City ...Buhl.....

Street .....

County Twin Falls.....

File Number .....105178.....

Registration Dist. No. .....

Sex of Child.....Male.....

Date of Birth August 30 192.2

Father Fred Levant Clute. Mother Goldie Jane Fancher

Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Elmer Levant Clute

Child's Name in Full

Mrs. F[redacted] L. Clute

~~Signature of Father~~ or Mother

MAY 8 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

155-207 [illegible] 812

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

105179

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 1/2 mi. East Registration District No. 37. File No. 105179

Hospital Primary Registration District No. 2085. Registered No.

FULL NAME OF CHILD
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	9 7 1922

What bactericidal solution was used in eyes? Ag. Nos 1 %

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Grover N. Annington	FULL MAIDEN NAME	Catherine Haselburg
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	N. C.	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Twin Falls

Filed Oct. 1 1922 John F. Loughlin
Registrar.

799-221-042-399

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105181

County of Twin Falls

City of Kimberly R. F. D. Registration District No. 37 File No.

No. St.

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Lucile Grim

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female				yes	8	21	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Truman A. Grim	Ethel Triggs
RESIDENCE	Kimberly Idaho	Kimberly, Idaho
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	Missouri	Missouri
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. H. Rouse, MD
(Physician or midwife)

Address 151-3rd ave N. Twin Falls, Ida

Given names added from a supplemental report.

19

Registrar

Filed Oct. 1- 1922 John T. Coughlin
Registrar

765-206-042-993

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105182

County of Twin Falls

City of ——

No. ..... St.

Hospital .....

Registration District No. 37 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Juanita Poe
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Sept 6 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Clyde Poe	FULL MAIDEN NAME	Winifred M. Rice
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Tennessee	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 Pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician
(Physician or midwife)

Address Twin Falls, Idaho.

Filed Oct 1-22 1922 John F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 30 1947

815-210-042-445

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

105183

Registration District No. 37 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Winnetta Yant

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	aug 10 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Jefferson Yant	Nora Brunn
RESIDENCE	Kimberly Ida	Kimberly Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Dakota	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma C. Crossland

Osteopathic Physician (Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct. 1 1922 John T. Loughlin Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City Kimberly

Street .....

County Twin Falls

File Number 105183

Registration Dist. No. .....

Sex of Child Female

Date of Birth Aug. 10 1922

Father T. J. Thomas Jefferson Yant (Full Name) Mother Nora Winetta Dunn (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Winetta Yant
Child's Name in Full

Thomas Jefferson Yant
Signature of Father or Mother

FEB 17 1967

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

662-13-042-924

County of Twin Falls

City of 3½ mi. N.E.

No. ..... St.

Hospital .....

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37a File No. 105184

Primary Registration District No. 2085a Registered No. .....

FULL NAME OF CHILD ..... (Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	8 13 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alex M. Foster	Sadie Dysman
RESIDENCE	3 mi N.E. Twin Falls	Twin Falls
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	52	38
BIRTHPLACE	Kan.	Kan.
OCCUPATION	Farmer	Housk.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 8-13-22, at 3 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Warren

(Physician or midwife)

Address Twin Falls

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Oct. 1 1922 John D. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
R EACH CHILD AND THE SAME COMPLETED WITH THE NA

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Twin Falls

Street .....

County Twin Falls

File Number 105184

Registration Dist. No. .....

Sex of Child ~~Male~~ Female

Date of Birth Aug 13 1922

Father N. M. Foster
Full Name

Mother Sadie Ellen Foster
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

Mrs. Sadie Foster
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

595-103-042-297

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls Ida

City of Filer.

Registration District No. 37

File No. 105185

No. ..... St.

Primary Registration District No. 2085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lee Jr Vining

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	9 5 1922

FATHER		MOTHER	
FULL NAME	C. L. Vining	FULL MAIDEN NAME	Jennie Biggerstaff
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	House wife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Stillford

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

Registrar.

Filed Oct. 1 1922 John F. Coughlin
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/5 227.042-632

PLACE OF BIRTH

Amended 4/16/79

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105186

OCT 2 1922
BUREAU OF VITAL STATISTICS
168

County of Twin Falls

City of Hansen

Registration District No. 37

File No.

No. St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD Leona Mae Davies

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F M				yes	8	27	1922

FATHER		MOTHER	
FULL NAME	C. L. Davies	FULL MAIDEN NAME	Dora Olsen
RESIDENCE	Hansen Ida	RESIDENCE	Hansen
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? Argyrol

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11 30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. Twitchell

Physician
(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

19

Registrar.

Filed Oct. 1 19 22 John W. S. Coughlin
Registrar.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 16 8 19 AM '79

State of Utah
County of Tooele } ss.

Certificate No. 105186
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Leona Davis (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 27, 1922 (Date of Event)

in Hansen, Idaho (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Leona Davis	Leona Mae Davies
father's name	E. L. Davis	E L. Davies

Subscribed and sworn to before me this 13th day of April, 1979

Notary Public, A. Dale Killian

Residing at Tooele Utah

My commission expires 7-11-81

(Seal)

Leona Mae Davies Adams
Signature of Applicant

142 N. Rosehurst Tooele Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 4/11/79 RUSH nm

Certif of Marriage from the LDS Church gives name as Leona Mae Davies as the bride and Jack Huffaker as the grom. dated July 3, 1939. viwed by V. from Utah.

APR 16 1979

Certif of Baptism from the LDS Church gives name as Leona May Davies daughter of Ernest L. Davies and Dora L. Olsen. born Aug 27, 1922 in Idaho. Baptized June 7, 1931. viewed by V .

Certif of Blessing from the LDS Church gives name as Mae Leona Davies daugh of Earnest L. Davies and Dora L Olsen. born Aug 27, 1922 at Hansen, Idaho. Blessed Nov 5, 1922. viewed by V. S.

443-213-042-857

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of R.F.D.

No. ..... St.

Hospital .....

Registration District No. 37 File No. 105187

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Doris Eva Mulliner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes.	Sept. (Month) 13. (Day) 1922. (Year)

FATHER		MOTHER	
FULL NAME	Victor J. Mulliner	FULL MAIDEN NAME	Mary Heaps
RESIDENCE	Twin Falls County.	RESIDENCE	Twin Falls County.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10.45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hal Bieler M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Ida.

Filed Oct. 1- 1922 John F. Loughlin Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 4/29/41. w.h.

396-221-042-463

PLACE OF BIRTH

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105188

County of Twin Falls

City of Hollister

No. ..... St.

Registration District No. 37.

File No. .....

Hospital .....

Primary Registration District No. 2085.

Registered No. .....

FULL NAME OF CHILD Edith Jean ~~Troendly~~ Troendly

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	9 21 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John H Troendly	FULL MAIDEN NAME	Edna May Motley
RESIDENCE	Hollister Idaho	RESIDENCE	Hollister Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Colo	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician
(Physician or midwife)

Address Smith Rice Bldg Twin Falls Idaho

Filed Oct. 1 1922 John F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BI
FOR EACH CHILD AND THE SAME COMPLETED WITH

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hollister

Street: Country 3½ mi E.

County: Twin Falls

File Number: 105188

Registration Dist. No.:

Date of Birth: Sept. 21 1922.

Sex of Child: Female

Father: John H. Troendly Jr. (Full Name)

Mother: Edna May Motley Troendly (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Edith Jean Troendly (Child's Name in Full)

Mrs. John H. Troendly Jr. (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 313-123-042-366

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105189

County of Twin Falls

City of Hanson

No. ..... St.

Registration District No. 372 File No. .....

Hospital .....

Primary Registration District No. 2085. Registered No. .....

FULL NAME OF CHILD Franklin Arlis Calico
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	9 23 1922

What bactericidal solution was used in eyes? AgNO3 (1%)

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Cleo Calico	FULL MAIDEN NAME	Kathering Goodwill
RESIDENCE	Hansen, Ida.	RESIDENCE	Hansen, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Arkansas	BIRTHPLACE	Wisconsin
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 30 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike
Physician
(Physician or midwife)

Address Twin Falls Ida.

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed Oct. 1 1922 John F. Coughlin Registrar.

Ocp of 22-442263

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hansen

File Number: 105189

Street:

Registration Dist. No.:

County: Twin Falls

Date of Birth: September 23 1922

Sex of Child: Male

Father: Cleo Callico (Full Name)

Mother: Katherine M. Goodwell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Franklin Arlin Callico
Child's Name in Full

Mrs. Cleo Callico
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

593-224-642-251

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105190

County of Twin Falls

City of Burger

No. ..... St. Registration District No. 37 File No. .....

Hospital ..... Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Rebecca Nell Victor

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	9 24 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Albert C. Victor	FULL MAIDEN NAME	Helen Beal
RESIDENCE	Burger Ida.	RESIDENCE	Burger Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Nebraska	COLOR	White
OCCUPATION	Farming	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Ohio
		OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 15 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Tike

Physician

(Physician or midwife)

Address Twin Falls Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Oct. 1 1922 John F. Coughlin

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bergen

Place of Birth — Street:

Place of Birth — County: Twin Falls

File Number: 105190

Registration Dist. No.: 39

Sex of Child: Female

Date of Birth: Sept. 2 4 1921

Father: Albert Clarence Victor (Full Name)

Mother: Helen Beal (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Rebecca Nell Victor
Child's Name in Full

Mrs. A. C. Victor
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

612-126.042-855

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105191

County of Twin Falls, Ida. 1922

City of R.F.D. Registration District No. 37 File No.

No. St. Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Tyler, Evan Oakley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
male				yes	9	26	22

FATHER

FULL NAME: Ernest Oakley Tyler

RESIDENCE: Filer Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Rockland, Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Lillian Henrie

RESIDENCE: Filer Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Tetonia, Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 | Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:30 A.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

(Signature) P. H. Rouse M.D.

Physician

(Physician or ~~midwife~~)

Address 15[illegible] - Third Ave N. Twin Falls

Filed Oct. 1 1922 John F. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEVERAL REASO[illegible] A CERTIFICATE OF BIRTH SHOULD
-E FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF

Place of Birth — City: Filer

Street:

County: Twin Falls

File Number: 105191

Registration Dist. No.:

Date of Birth: Sept 26 192 2

Sex of Child: Male

Father: Evan Oakley Tyler (Full Name)

Mother: Lillian Henrie (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Evan Oakley Tyler (Child's Name in Full)

Evan O. Tyler (Signature of Father or Mother)

and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

137-227-042255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105192

County of Twin Falls

City of Twin Falls

No. 236 Sidney St.

Registration District No. 37 File No.

Hospital

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Allen, Lorena Ellen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Aug 26 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Paul Blank Allen	FULL MAIDEN NAME	Edna May Beverly
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	18	AGE AT LAST BIRTHDAY (Years)	15
BIRTHPLACE	Ark	BIRTHPLACE	Okla
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 29 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Clouchek
Physician
(Physician or midwife)

Address Twin Falls Idaho

Filed Oct 1 1922 John B Coughlin
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1942

AT [illegible]

DEPA[illegible]MENT OF PUBLIC [illegible]LFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: 236 Sidney St.

County: Twin Falls

File Number: 105192

Registration Dist. No.: 1

Sex of Child: Female

Date of Birth: August 27 192[illegible]

Father: Paul Bland Allen (Full Name)

Mother: Edna Mae Beverly (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lorena Ellen Allen

Child's Name in Full

Mrs. Paul B. Allen

Signature of Father or Mother

NOV 13 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

493-104-042-361

Form V. S. No. 11—10m-8-15-22

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ——— St.

Hospital Twin Falls Co

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 105193

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Jack Coates Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes.	Sept (Month) 4 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Chas. A. Miller	FULL MAIDEN NAME	Mattie Coates
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Missouri.
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Coughlin

Phy. (Physician or midwife)

Given names added from a supplemental report

Ag No 3 1 70 m yes 19

Registrar

Address Twin Falls

Filed Oct-1- 1922 John F. Coughlin Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

743-123-042-238

PLACE OF BIRTH

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 511 5th ave W. St. Registration District No. 37 File No. 105194

Hospital Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD James Wilbur Putzier
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Aug. 23 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Henry J. Putzier	FULL MAIDEN NAME	Elizabeth Scheide
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	56	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	R R Section man	OCCUPATION	—

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician
(Physician or midwife)

Address Twin Falls Idaho

Filed Oct 1 1922 John T. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Home ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Twin Falls

Street 511 - 5 Ave West

County Twin Falls

File Number 105194

Registration Dist. No. .....

Date of Birth Aug. 23 1922

Sex of Child Male

Father Harry Johnson (Full Name)

Mother Elizabeth Bertha Sche (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Wilbur (Child's Name in Full)

Mrs. Harry J. Putzier (Signature of Father or Mother)

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

819-106-042-386

PLACE OF BIRTH

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105195

County of Twin Falls

City of

No. 653 2nd ave. St.

Registration District No. 37

File No.

Hospital

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Edward D. Hartman

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes.	Sept 6 192 2

What bacteriedal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Emery D. Hartman	FULL MAIDEN NAME	Helen Thompson
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Nebraska
OCCUPATION	Farmer.	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2.30 a.m. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) H. W. Wilson

Physician.
(Physician or midwife)

Address Twin Falls Idaho.

Filed Oct. 1-22 192.. John T. Clough
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1941

419-204-042-455

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 423 3d av S St.

Registration District No. 37

File No. 105196

Hospital

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Martinez
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept. (Day) 4 (Year) 1922
Female		Yes	

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Tom Martinez	FULL MAIDEN NAME	Vera Denning
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mexico	BIRTHPLACE	Shelton, Ida
OCCUPATION	Laborer	OCCUPATION	—

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 10:30 pm M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician
(Physician or midwife)

Address Twin Falls Idaho

Filed Oct. 1-22 192

John T. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1967

281-105-042-697

PLACE OF BIRTH

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105197

County of Twin Falls

City of Twin Falls

No. Jeigner Sedrick Add. St. Registration District No. 37 File No.

Hospital Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Fred Shaffer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	9-5-1922

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Fred T. Shaffer	FULL MAIDEN NAME	Lois Wixom
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	M	COLOR	M
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ind.	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 9-5-22, at 12-20 a. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Masson
Twin Falls
(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Twin Falls, Ida

Filed Oct. 1 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1946

3/26/41

JUL 12 1972

231-128-042-818

PLACE OF BIRTH

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls No. ____ St.

Registration District No. 37 e

File No. 105198

Hospital ____

Primary Registration District No. 1085

Registered No. ____

FULL NAME OF CHILD Ace Rex Standley

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male				yes	8	28	1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Joseph E. Standley	FULL MAIDEN NAME	Evelyn Stayner
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farm Land	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) W. E. Fike

Physician

(Physician or midwife)

Address Twin Falls Ida.

Filed Oct. 1 1922 John L. Coughlin Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1972

DECEASED

451-231-042294

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Twin Falls

Registration District No. 37.

File No. 105199

No. ..... St.

Primary Registration District No. 1085.

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Baby~~ Dean DOROTHY JEANETTE DEAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Aug 31 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leslie Dean	FULL MAIDEN NAME	Ruby Krinkel
RESIDENCE	Amsterdam, Ida.	RESIDENCE	Amsterdam Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma C. Crossland
Osteopathic Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Ida.

..... Registrar

Filed Oct. 1 1922 John F. Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SH(
ILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NA

- - - - - - - - - - -

NOV 10 1944

419-707-042-712

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105200

County of Twin Falls

City of Twin Falls, Ida

No. ..... St.

Registration District No. 37 File No. .....

Hospital County General Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Robert Clark Martens
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	9 — 7 — 1922

What bactericidal solution was used in eyes? Robert Clark Martens Silver Nitr 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edward John Martens	FULL MAIDEN NAME	Ruth Passwater
RESIDENCE	Rodgerson, Ida	RESIDENCE	Rodgerson Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Chicago, Ill	BIRTHPLACE	Indianola Iowa
OCCUPATION	Rancher	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 45 a M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D L Hyde

(Physician ~~or midwife~~)

Address Twin Falls Ida

Filed Oct, 1 1922 John G. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

...TE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415 228 0042-394

Form V. S. No 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Twin Falls

CERTIFICATE OF BIRTH

105201

City of Twin Falls

Registration District No. 37

File No.

No. 435 - Harrison St.

Primary Registration District No. 1085. Registered No.

Hospital —

FULL NAME OF CHILD JUNE ~~Baby~~ Dawes

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	— (To be answered only in event of plural births)	—	Yes	July 28 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Tilden A Dawes	FULL MAIDEN NAME	Lucelle Tidwell
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Utah.
OCCUPATION	Delivery Driver	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Leete

Twin Falls Ida

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct. 1 1922

John F. Geoughlin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Bernardino }

Certificate No. 105201

Date Filed ____

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for ____ (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on July 28 - 1922 (DATE OF EVENT)
in Twin Falls Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	June Danner

Subscribed and sworn to before me this 23rd
day of January, 19 43

Notary Public, residing at San Bernardino

My commission expires April 29-1946
(SEAL)

Signed Ida Lucille Danner
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1939 Lowell St. San Bernardino Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ } ss.
County of ____ }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____
day of ____, 19 ____

Notary Public, residing at ____

My commission expires ____
(SEAL)

Signed ____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

____
(STREET ADDRESS, CITY, STATE)

Received for filing on ____ By ____
(REGISTRAR'S SIGNATURE)

JAN 9 1943

389-19-042-493

Named added 10-1-84 fc

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
1922 CERTIFICATE OF BIRTH

105202

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No.

No. — St.

Primary Registration District No. 1085 Registered No.

Hospital —

FULL NAME OF CHILD --Baby- Childers, Donald Harper

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	yes	9 - 19 - 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William H. Childers	FULL MAIDEN NAME	Rosa Miller
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Truckman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 30 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Leete

Twin Falls Ida
(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Oct. 1- 1922

John F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 1 11 27 AM '84

State of _____ } ss.
County of _____ }

Certificate No. 105202
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Baby Childers (Name on Original Certificate) who was born (Was Born, Died, etc.) on _____ (Date of Event)

in T.F (Place of Event) Sept. 19, 1922 are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Baby Childers	Donald Harper Childers

Subscribed and sworn to before me this 1st day of October, 1984

Notary Public, Florence Cartright

Residing at Boise

My commission expires 4-20-86

(Seal)

x Donald H. Childers
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Own child born August 24, 1951, gives name of father as Donald Harper Childers Certificate # 51-10056.
Viewed by V.S.

Social Security Card # 519 28 0745 shows name as Donald Harper Childers. Card issued by Social Security Administration in November of 1961
Viewed by V.S.

367-219-042249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Twin Falls

OCT 3 1922

CERTIFICATE OF BIRTH

105203

City of Twin Falls

BUREAU OF VITAL STATISTICS

Registration District No. 37 File No.

No. — St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Baby Cox Jennie Estelle Cox.

Sex of Child Female | Twin Triplet or other?— (To be answered only in event of plural births) | and | Number in order of birth — | Legitimate? yes | Date of Birth 8-19 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	James O Cox	FULL MAIDEN NAME	Arlette Smith
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	48
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Texas	BIRTHPLACE	Oklahoma
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Leete

Twin Falls Ida

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Oct. 1 1922

John F. Coughlin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOU
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE W

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number ..... 105203 .....

Registration Dist. No. .....

Sex of Child ..... Female .....

Date of Birth .....192....

Father ..... Mother .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MAR 4 1952

962-211-042-386

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 105204

No. 540 Fourth W.

Primary Registration District No. 1085 Registered No.

Hospital ✓

FULL NAME OF CHILD Shirley Mayne Ross

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	Yes	Sept 11th 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl Ross	FULL MAIDEN NAME	Isie Thomas
RESIDENCE	540 Fourth W. Twin Falls Ida	RESIDENCE	540 Fourth W. Twin Falls Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Twin Falls Ida
OCCUPATION	Miner	OCCUPATION	Hwf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 [illegible] M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Hexander

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls Ida

Filed Oct. 1 1922 John F. Coughlin Registrar

A 9 N O 3 1% Eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls, Ida

Street: 521 - 4th Ave West

County: Twin Falls

File Number: 105204

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Sept. 12 1922

Father: Earl Ross
Full Name

Mother: Ione Thomas
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Shirley Maxine Ross
Child's Name in Full

Mrs. Earl Ross
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

383-221-042-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls, Ida.

No. ..... St.

Registration District No. 37 File No. 105205

Hospital County Hosp. Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Edgarina L. Tyler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	9-21-1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edgar L Tyler (deceased)	FULL MAIDEN NAME	Alberta Clark
RESIDENCE		RESIDENCE	Filer Idaho R. 1
COLOR	W AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Filmore Utah	BIRTHPLACE	Montrose Colorado
OCCUPATION		OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 9/8 (Born alive or stillborn), at 9/8 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Dwight, M.D.
(Physician or midwife)

Give names added from a supplemental report.

DECEASED

..... 19..
Registrar.

Address Filer, Ida.

Filed Oct. 1 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24 1967

452-218-042-238

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105206

County of Twin Falls

City of Twin Falls, Ida

No. ..... St. Registration District No. 37 File No. .....

Hospital County General Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Gladys Faye DeKlotz
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes.	9 18 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Mr William E. DeKlotz	FULL MAIDEN NAME	Annabel ~~Alberta~~ Schies
RESIDENCE	Filer Idaho R.R. 1	RESIDENCE	Filer, Idaho R.R. 1
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Laurens Iowa	BIRTHPLACE	Hardin, Mo.
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 45 a M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Dwight M.D.
(Physician ~~or midwife~~)

Address Filer, Ida

Filed Oct. 1 1922 John F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 24 1964

MAY 18 1942

OCT 5 1971

JUL 20 1942

995-204-642-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105207

County of Twin Falls

City of Twin Falls

No. 215 - 4 E St. Registration District No. 37 File No.

Hospital — Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Marie Theresa Riedel
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.			Yes	9 - 4 - 192

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Erhardt Henry Riedel	Cornelia S. Becker
RESIDENCE	Hankow - China	Hankow - China
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	28
BIRTHPLACE	Illinois	Iowa
OCCUPATION	Missionary Preacher	Housewife & Missionary

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Van Cott M. D.
(Physician or midwife)

Address Twin Falls

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Oct. 1 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

36 & 111-042-155

PLACE OF BIRTH

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37.

File No. 105209

Primary Registration District No. 1085.

Registered No. .....

FULL NAME OF CHILD Lonsberry
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	8/11 1922

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles Walter Lonsberry	FULL MAIDEN NAME	Emily Elizabeth Jensen
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Nebr.	BIRTHPLACE	Utah
OCCUPATION	Printer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Twin Falls, Ida.

Filed Oct. 1 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

995-225-042-713

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37.

File No. 105210

Hospital .....

Primary Registration District No. 1085.

Registered No. .....

FULL NAME OF CHILD Edith Pauline Ringgold
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	8/25 1922

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Benj. Cecil Milner Ringgold	FULL MAIDEN NAME	Lida Galloway
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mo.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver
Physician
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

..... Registrar.

Address Twin Falls, Ida

Filed Oct. 1 1922 John Fleoughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 105210

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Edith Pauline Ringgold

Subscribed and sworn to before me this 8 day of April, 19 43.

Ed W. Little Justice of the Peace
Notary Public, residing at Eden Idaho

My commission expires .....
(SEAL)

Signed Lida G. Ringgold
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Eden Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of April, 19 43.

Ed W. Little Justice of the Peace
Notary Public, residing at Eden Idaho.

My commission expires .....
(SEAL)

Signed B. L. Ringgold.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Eden Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

NOV 28 1972

APR 1 2 1948

893-231-042-335

PLACE OF BIRTH

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Twin Falls
No. ____ St.
Hospital
Registration District No. 37
Primary Registration District No. 1085
File No. 10521
Registered No.

FULL NAME OF CHILD Lillian May Hills
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		1	Yes	8/31/1922

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Fred Abbott Hills	FULL MAIDEN NAME	Glada Belle Clemans
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	S. Dak.	BIRTHPLACE	S. Dak.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver
Physician
(Physician or midwife)

Address Twin Falls, Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Oct. 1 1922 John A. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[illegible]ENT OF PUBLIC WELFARE

Boise, Idaho, Oct. 20 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Twin Falls; Street R.F.D. 2; County Twin Falls

File Number 105211

Registration Dist. No. 4

Sex of Child Female

Date of Birth Aug. 31 1922

Father Fred Abbott Hills (Full Name)

Mother Gladys Belle Cleman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lillian May Hills
Child's Name in Full

Mrs. Fred A. Hills
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

299-102-042-263

PLACE OF BIRTH

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37

File No. 105212

Hospital .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Benjiman Lee Briggs
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	9 2 1922

What bactericidal solution was used in eyes? Ag NO3 (1%)

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Ernest G. Briggs	FULL MAIDEN NAME	Ella Jane Bolton
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Painting	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician
(Physician or midwife)

Address Twin Falls Ida

Filed Oct. 1 1922 John W. Fleoughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF WELFARE

, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: .....

County: Twin Falls

File Number: 105212

Registration Dist. No.: .....

Date of Birth: Sept 2nd 192..

Sex of Child: Male

Father: Ernest L Briggs (Full Name)

Mother: Ella Lane Bolton (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Benjiman Lee Briggs
Child's Name in Full

E L Briggs
Signature of Father or Mother

FEB 9 1966

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

813-210-042-395

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED CERTIFICATE OF BIRTH

County of Twin Falls
City of Twin Falls
No. ____ St. ____
Hospital ____

Registration District No. 37
Primary Registration District No. 1085

File No. 105213
Registered No. ____

Oct. 29, 1947

FULL NAME OF CHILD Juanita Maureen Hathcox
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Sept. 10 192 2

What bacterieidal solution was used in eyes? $AgNO_3$ 1%

Number of child of this mother, including present birth ? Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Emery Hathcox	FULL MAIDEN NAME	Frieda Lingnan
RESIDENCE	Kimberly, Ida.	RESIDENCE	Kimberly, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) W. T. Pike

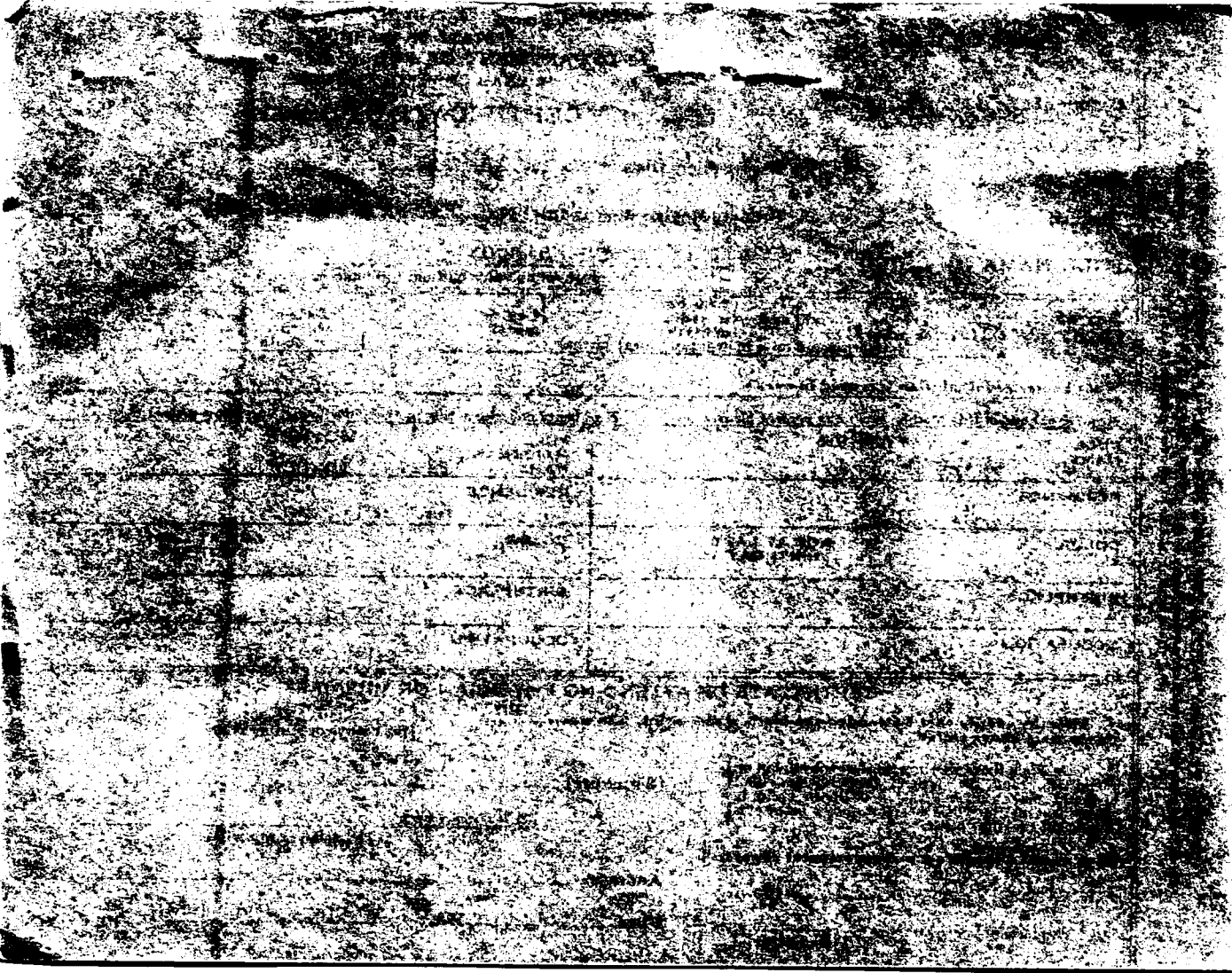
Physician (Physician or midwife)

Twin Falls, Ida.

Address ____

Filed Oct. 1 192 2 John F. Coughlin Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls }

Certificate No. 105213

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Verneda Corine (Name on Original Certificate) who Born (Was Born or Died) on Sept 10, 1922 (Date of Event) in Twin Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage License (Bible Record, Insurance Policy, Etc.) prepared on Feb 13, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Verneda Corine Hathcox	Juanita Maureen Hathcox

Subscribed and sworn to before me this 27th day of Oct 1947

Notary Public, residing at Twin Falls-Idaho
My commission expires June 7, 1950
(Seal)

Signed Frieda Hathcox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

141 Twin Falls. Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of Oct 1947

Notary Public, residing at Twin Falls-Idaho
My commission expires June 7, 1950
(Seal)

Signed Nancy Hathcox.
(Signature of Any Credible Person)

122 Monroe St. Twin Falls Ida.
(Street Address, City, State)

FEB 19 1953

OCT 30 1947

168-222-042-295

PLACE OF BIRTH

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St. Registration District No. 37 File No. 1052/4

Hospital ..... Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Leone Joyner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9 22 1922

What bactericidal solution was used in eyes? Ag No 217

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ralph Joyner	FULL MAIDEN NAME	Emma Bruner
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Oklahoma	BIRTHPLACE	Germany
OCCUPATION	Road construction Laborer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 15 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Tike

Physician
(Physician or midwife)

Address Twin Falls Ida.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed Oct. 1 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23

795-225-042-292

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital County

Registration District No. 37 File No. 105215

Primary Registration District No. 1085. Registered No. .....

FULL NAME OF CHILD Dahrl Louise Green

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	9 25 1922

FATHER		MOTHER	
FULL NAME	Kenyon Green	FULL MAIDEN NAME	Hazel Bishop.
RESIDENCE	Twin Falls R. 1.	RESIDENCE	Twin Falls. R1.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas.
OCCUPATION	farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 11.25 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hal Bieler

M.D

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Ida.

Filed Oct. 1 1922 John F. Loughlin Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 20 1944

JUL 18 1944

DEC 10 1942

JAN 20 1948

655-124042-19

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ____ St. ____

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 4 19 BUREAU

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 105216

Primary Registration District No. 2086 Registered No. ____

FULL NAME OF CHILD Harry Delwyn Fenwick

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin 3 170	Yes	Sept 24 192

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	W J Fenwick	FULL MAIDEN NAME	Emma Martin
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 4:20 a M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

(Physician or midwife)

Address ____

Filed Sept 24 192 ____

Registrar.

Give names added from a supplemental report.

____, 19____

____

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 (1942

JUL 13 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of

City of Filer

OCT 4 1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. ..... Registration District No. 38 File No. 105217

Hospital ..... Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Charles Daniel Hainline

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept (Day) 20 (Year) 1922
Boy		Yes	

What bactericidal solution was used in eyes? AgNO3 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Jess Hainline	FULL MAIDEN NAME	Irene Weddle
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Hwife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~at~~ 5-10 P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A. A. Newberry

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address .....

Filed Sept 20 1922 AAA

Registrar.

DEC 31 1941

SEP 17 1942

715-114-042-453

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 4 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of T. F.

City of Buhl

No. ..... Registration District No. 38 File No. 105218

Hospital ..... Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Not named Willard Pavey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Sept. 14 1922

What bactericidal solution was used in eyes? Ag no3 1%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	N. J. Pavey Pavey	FULL MAIDEN NAME	Goldie Metcalf
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Tex	BIRTHPLACE	Kas
OCCUPATION	Farmer	OCCUPATION	Hwife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... 3 M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

..... Registrar.

Address .....

Filed Sept. 14 1922 Aa..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 105218

State of Idaho } ss.
County of Twin Falls }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Sept 13 Births (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Sept. 13-1922 (DATE OF EVENT)

in Twin Falls (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Pavy	Willard Pavey
Father's name	Nathan Pavy	Pavey

Subscribed and sworn to before me this 7th day of May, 1942.

E. J. Hand

Notary Public, residing at Madera Calif

My commission expires 2-17-1945

(SEAL)

Signed Goldie Pavey

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif } ss.
County of Madera }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of May, 1942.

E. J. Hand

Notary Public, residing at Madera Calif

My commission expires 2-17-1945

(SEAL)

Signed Mrs. Goldie Pavey

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rt. 1 Box 351 Madera Calif

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 11 1942 By

(REGISTRAR'S SIGNATURE)

MAY 14 1942

269-101-042-766

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

RECEIVED
OCT 4 1922
BUREAU OF VITAL STATISTICS

No. ____ Registration District No. 38 File No. 105219

Hospital ____ Primary Registration District No. 2986 Registered No. ____

FULL NAME OF CHILD Ray Arnold Sorensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes.	Sept 1 1922

What bactericidal solution was used in eyes? Argo 3 1%.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harold Sorensen	FULL MAIDEN NAME	Edna L Goode
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho.	BIRTHPLACE	Colo.
OCCUPATION	Laborer.	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 9 30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) A. A. Newberry M.D.
(Physician or midwife)

Address Filer Ida

Filed Sept 1 1922 Ada
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE ISSUED AND THE SAME [illegible] WITH THE NAME OF

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Filer

Street:

County: Twin Falls

File Number: 105219

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Sept 1 192 2

Father: Harold Dewey Sorensen (Full Name)

Mother: Edna Lillian Goode (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ray Arnold Sorensen (Child's Name in Full)

Mrs Harold Sorensen (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

393 [redacted]

Form V. S. No. 11-C—25m-1-1-18

[redacted] OF IDAHO
[redacted] VITAL STATISTICS

County of Washingt[redacted] [redacted]ATE OF BIRTH

City of Weiser

[redacted] 86

File No. 105221

No. 423 W Court St

Primary Registration District No. 1010

Registered No. 8

~~Hospital~~ Mrs Mary Linderman

FULL NAME OF CHILD Lorrene Mae Titus

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	August 10 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy LaVerne Titus	FULL MAIDEN NAME	Alpha Mae Paynter
RESIDENCE	Weiser Ida	RESIDENCE	Weiser, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Dewease Neb.	BIRTHPLACE	Caldwell, Ida
OCCUPATION	Grocryman	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. C. Hiatt D.O.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 9/8 1922

W. F. Hamilton
D.H.
Registrar

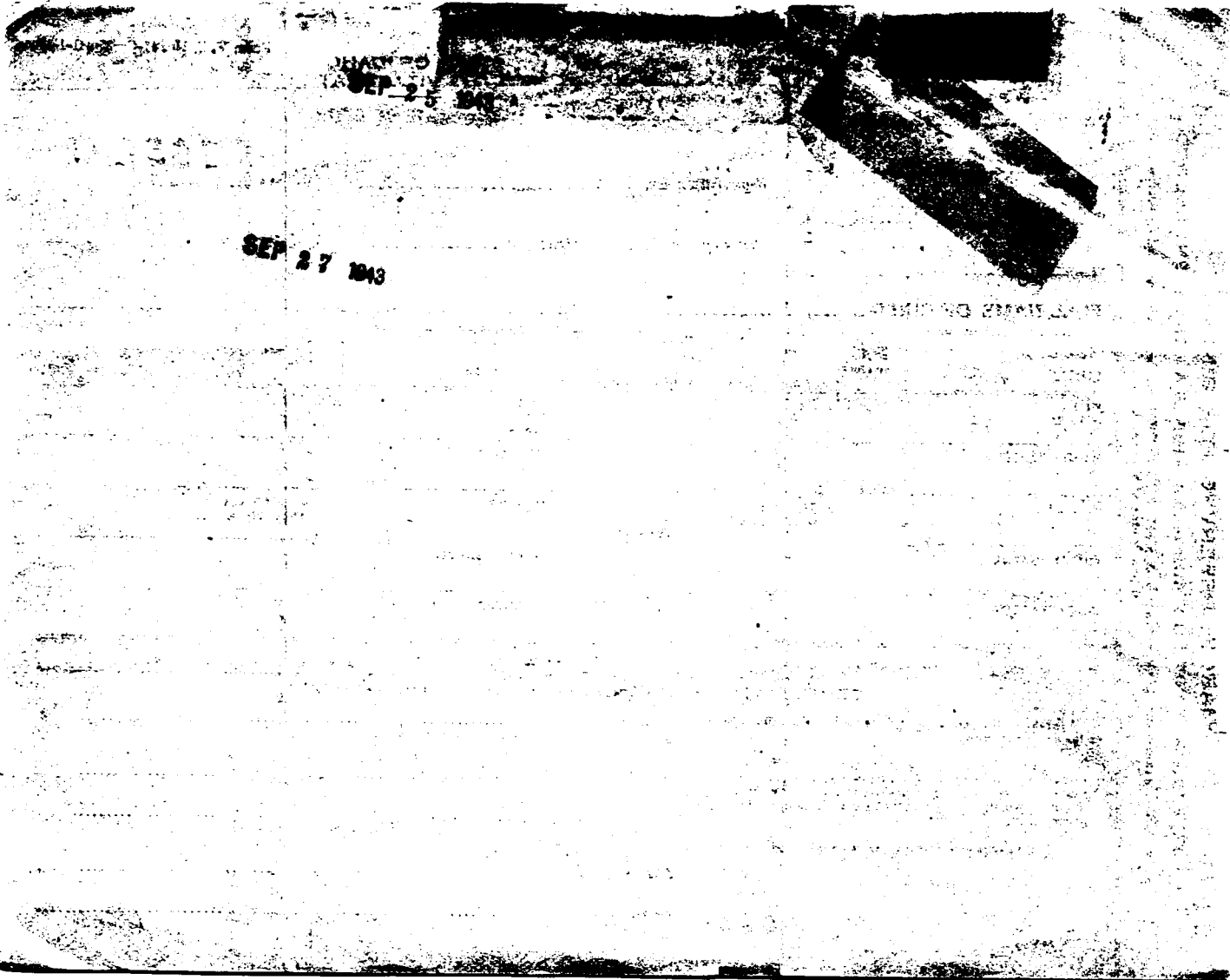
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


SEP 27 1943

849 849/12·044-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105222

County of Washington
City of Weiser
No. 1147 W. 5th St.
Hospital

Registration District No. 86
Primary Registration District No. 1010
File No.
Registered No. 9

FULL NAME OF CHILD Charles Thomas Hurley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? #	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and (To be answered only in event of plural births)	2	Yes	8 12 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Ernest E. Hurley	FULL MAIDEN NAME: Ruth Balch
RESIDENCE: Crane, Oregon	RESIDENCE: Crane, Oregon
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Illinois
OCCUPATION: Teacher	OCCUPATION: House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M. D.
(Physician or midwife)

Address Weiser, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 9/8 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1966

367-228·044-218

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105223

County of Washington
City of Weiser
No. ____ St.
Hospital ____

Registration District No. 86
Primary Registration District No. 3112

File No. ____
Registered No. 10

FULL NAME OF CHILD Mary Louise Cope.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	7-28-1922

What bactericidal solution was used in eyes? Ag. No. 3 1% sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ben Cope	FULL MAIDEN NAME	Ethyl Taylor
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Weiser Ida.	BIRTHPLACE	Excelsior Springs Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:30 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Address Weiser Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 11 1922 W. H. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1942

641-121-044-789

PLACE OF BIRTH

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ____ St.

Registration District No. 56 File No. 105224

Hospital ____ Primary Registration District No. 2112 Registered No. 11

FULL NAME OF CHILD Rowan Melvin Franks
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	7 21 1922

What bactericidal solution was used in eyes? Arg. No. 3 1% sol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Heber Casmer Franks	FULL MAIDEN NAME	Alice M. Phillips
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Warshire Eng
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest B. Finney

Physician
(Physician or midwife)

Address Weiser Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 11 1922 W. R. Hamilton
MLH Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 28 1952

319-130-044-284

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

105225

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. .....

Primary Registration District No. 2112 Registered No. 12

FULL NAME OF CHILD Norman Dreyfus Tarter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	6-30-1922

What bactericidal solution was used in eyes? Ag No 3 1% sol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Dreyfus A. Tarter	FULL MAIDEN NAME	Lydia Squires
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Mineral Idaho	BIRTHPLACE	Styrum Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Address Weiser Idaho

Filed Sept 11 1922 W. R. Hamilton M. L. H. Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 24 1943

315 [redacted] BIRTH 44-466

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105226

County of Washington
City of Weiser
No. ____ St.
Hospital ____
Registration District No. 86 File No. ____
Primary Registration District No. 2112 Registered No. 13

FULL NAME OF CHILD Leona Mae [redacted] Lamson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	7-18-1922

What bactericidal solution was used in eyes? Arg. nit. 1% sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Lamson	FULL MAIDEN NAME	Josephine Moore
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Baker Oregon	BIRTHPLACE	Weiser Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** b. H. M. **M.** **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Address Weiser Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 11 1922 W. R. Hamilton
M. L. H.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

JUN 21 1964

Registrar

435-201-044-381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 1020 E Main St.

Registration District No. 86

File No. 105227

Hospital

Primary Registration District No. 1010

Registered No. 14

FULL NAME OF CHILD McNeil
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Aug 1 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Walter J. McNeil	FULL MAIDEN NAME	Katie Thayer
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kans	BIRTHPLACE	Tenn
OCCUPATION	Carpenter	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse
physician
(Physician or midwife)

Address Weiser Ida

Filed Sept 11 1922 W. R. Hamilton
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-101-244-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105228

County of Washington
City of Weiser
No. ____ St.
Hospital ____
Registration District No. 86
Primary Registration District No. 712
File No. ____
Registered No. 15

FULL NAME OF CHILD Wylie Waldrop
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	August 1 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Jacob Waldrop	Florence Bennett
RESIDENCE	Weiser Ida	Weiser Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	65	41
BIRTHPLACE	Ill	Ore
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.25 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waldrop
(Physician or midwife)
Address Weiser Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Sept 11 1922 W R. Hamilton Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

APR 19 1945

AUG 5 1965

455-154-044-669

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105229

Registration District No. 86

File No. .....

Primary Registration District No. 9112

Registered No. 16

FULL NAME OF CHILD Mendenhall
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Aug 4 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 11 ..... Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	George Mendenhall	FULL MAIDEN NAME	Victoria Worfe
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	47 (Years)
BIRTHPLACE	~~Lem~~ Va	BIRTHPLACE	~~Lem~~ Va
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Homeless, at 12 45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Weiser Ida

Filed Sept 11 1922 W R Hamilton
M.L.H.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-106-044-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105230

County of Washington

City of Weiser

No. 803 E. Main St.

Registration District No. 86

File No.

Hospital

Primary Registration District No. 1010

Registered No. 17

FULL NAME OF CHILD Deral Eugene McKeel
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Aug 6 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	John T. McKeel	FULL MAIDEN NAME	Dixie Smith
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Painter	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Weiser Ida

Filed Sept 11 1922 W. R. Hamilton
M. L. H. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Weiser Idaho

Street: E Main

County: Washington

File Number: 105230

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: August 6 1921

Father: John Tilden McKeel (Full Name) Mother: Dixie E McKeel (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Doral Eugene McKeel

Child's Name in Full

J. T. McKeel Sr

Signature of Father or Mother

FEB

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

493-207-044-593

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105232

RECEIVED
SEP 13 1922
STATISTICS

County of Washington
City of Weiser
No. ..... St.
Hospital
Registration District No. 86
Primary Registration District No. 2112
File No.
Registered No. 19

FULL NAME OF CHILD Elsie Bernice Mitchell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes.	8 7 1922

What bactericidal solution was used in eyes? no.

Number of child of this mother, including present birth.....
Number of child of this mother now living, including present birth.....

	FATHER	MOTHER
FULL NAME	Amos R. Mitchell	Gladys Julia Nicholson
RESIDENCE	Weiser Ida.	Weiser Ida.
COLOR	White.	W.
AGE AT LAST BIRTHDAY (Years)	40	28
BIRTHPLACE	Indiana Penn.	Pueblo Colo.
OCCUPATION	Farming	HW.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 0 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Mitchell
Father
(Physician or midwife)

Address Weiser Idaho

Give names added from a supplemental report.

....., 19.....

Filed Sept 11 1922 W. R. Hamilton
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

842-12-044-863

PLACE OF BIRTH

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105233

County of Washington
City of Weiser
No. ____ St.
Hospital ____

Registration District No. 6 File No. ____
Primary Registration District No. 2112 Registered No. 30

FULL NAME OF CHILD Seth Douglas Hust
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	8-21 1922

What bactericidal solution was used in eyes? Arg. Nos. 1/20 sol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Carrel Hust	FULL MAIDEN NAME	Nonna Madelene Stoleman
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Cedar Valley Mo.	BIRTHPLACE	Fort Scott, Kas.
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Address Weiser Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 11 1922 W. R. Hamilton M. D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 27 1942

753-118-044-381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Registration District No. 86 File No. 105234

Hospital ..... Primary Registration District No. 21/2 Registered No. 21

FULL NAME OF CHILD Fremont Junior Petty
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 18 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Fremont J. Petty	FULL MAIDEN NAME	Nellie Chancellor
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White AGE AT LAST BIRTHDAY 32 (Years)	COLOR	White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ind
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive, at 6 30 AM M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Weiser Ida

Filed Sept 11 1922 W. R. Hamilton
WRH Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

B 21 1949

NOV 14 1963

JAN 22 1964

942-102-644296

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Washington

CERTIFICATE OF BIRTH

105235

City of Midvale

Registration District No. 87 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Thos Vernon Russel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. 2 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos Russel	FULL MAIDEN NAME	Gertrude Elizabeth Brown
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Verginia	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10 A M M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz M D

(Physician or midwife)

Given names added from a supplemental report.

19

Address Midvale Idaho

Filed 10-2- 1922 F A Schmitz

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1942

952-212-044-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Emmett

Registration District No. 87

File No. 105236

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Doris Dora Rustad

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl.				yes.	June 12 1922

FATHER		MOTHER	
FULL NAME	John O Rustad	FULL MAIDEN NAME	Ethyl M Nelson.
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett Idaho
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	North Dakota.	BIRTHPLACE	Ohio
OCCUPATION	Farmer,	OCCUPATION	Home W/H.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Johnson M.D.
(Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed 9-12-1922 F A Johnson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 25 1942

MAY 11 1942

JUN 4 1968

685-228-044-384.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED OCT 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87

File No. 105237

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Vivian Ilene Wheeler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl.				yes	Sept. 28 1922

FATHER		MOTHER	
FULL NAME	Lee Bryan Wheeler	FULL MAIDEN NAME	Maggie Ruthley Lydston
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	25. (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Home Wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz M.D.
(Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10-1- 1922 F. A. Schmitz
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1967

APR 3 1943

694-205-044-694

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 87 File No. 105238

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Viola Lucele Widner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		No	Sept. 5 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Gilbert	FULL MAIDEN NAME	Leora Florence Widner
RESIDENCE	Payette	RESIDENCE	Midvale Idaho
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE		BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	Not Employed

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fa Schmidt M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Midvale Idaho

Filed 9-12-1922 Fa Schmidt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 1942

235-114-044-235

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED OCT 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105239

County of Washington

City of Midvale

Registration District No. 87 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Marvin Stewart Stephens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug. (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Geo. W Stephens	FULL MAIDEN NAME	Elizabeth Stewart
RESIDENCE	Wilburns Idaho	RESIDENCE	Wilburns Idaho
COLOR	white AGE AT LAST BIRTHDAY 62 (Years)	COLOR	white AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	oregon	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Midvale Idaho

Filed 9-12-1922 F. A. Schmitz

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Wilbur P.O

File Number: 105239

Street: .....

Registration Dist. No. .....

County: Washington

Sex of Child: Male

Date of Birth: Aug 14 1922

Father: George W. Stephens (Full Name) Mother: Elizabeth Stewart (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marvin Stewart Stephens
Child's Name in Full

G. W. Stephens
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

339-226 [illegible]

PLACE OF BIRTH

RECEIVED

[illegible] 5m-7-21-19

County [illegible]

City of [illegible] Registration District No. [illegible] File No. [illegible]40

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Josephine Elizabeth Clelland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Aug (Month) 26 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Roy S Clelland	FULL MAIDEN NAME	Ritta Verolet Alsterburg
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	15 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed 9-12 1922 F A Schmitz

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1 1968

793-105-044354

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

OCT 5 1922

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87 File No. 105241

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Wm Edward Pickett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Winsor A Pickett	FULL MAIDEN NAME	Bonnie Lemon
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Merchant	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Midvale Idaho

Filed 4-12-1922 F A Schmitz

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755-104-044-219

RECEIVED
OCT 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Washington

CERTIFICATE OF BIRTH

City of Midvale

Registration District No. 87

File No. 105242

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD John Henry Gunzle.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept. 4 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Gunzle.	FULL MAIDEN NAME	Mary U Barntish.
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Russia.	BIRTHPLACE	Idaho
OCCUPATION	Farmer.	OCCUPATION	House Wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fa Schmidt
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Midvale Idaho

Filed 9-12- 1922

Fd Schmidt
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 11 1957

165-113-044-361

PLACE OF BIRTH

Form V. S. No. 11-8-2021-7-21

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105243

County of Washington

City of Midvale Registration District No. 87 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Albert Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male.		yes	Aug. (Month) 13 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Jas. H Jones	FULL MAIDEN NAME	Martha M Coats.
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White AGE AT LAST BIRTHDAY 40 (Years)	COLOR	White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	House Wife.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Midvale Idaho

Filed 9-12-1922 F A Schmidt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1949

235-217-044-145

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Registration District No. 87 File No. 105244

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Paulene Stephens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Aug. 17 22 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Rolla O Stephens	FULL MAIDEN NAME: DorisKate Ader
RESIDENCE: Cambridge Idaho	RESIDENCE: Cambridge Idaho
COLOR: white — AGE AT LAST BIRTHDAY: 28 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Idaho
OCCUPATION: Laborer	OCCUPATION: House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9PM M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Midvale Idaho

Filed 9-12- 1922 F A Schmitz Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

915-106-044-697

PLACE OF BIRTH

OCT 5 1922

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Meridale

Registration District No. 87

File No. 105245

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert J. Zanetar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.				yes.	Aug 6 1922

FATHER	MOTHER
FULL NAME Roy John Zanetar	FULL MAIDEN NAME Emma Evelyn Wiggins
RESIDENCE Meridale Idaho	RESIDENCE Meridale Idaho
COLOR White. AGE AT LAST BIRTHDAY 35 (Years)	COLOR White. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Col.	BIRTHPLACE Idaho
OCCUPATION Farmer.	OCCUPATION Home Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P M. on the date above stated.

(Signature) F. A. Schmidt

Physician

(Physician or midwife)

Address Meridale Idaho

Filed 9-12- 1922 F. A. Schmidt

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1946

JUN 13

259-109-044-719

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

OCT 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87. File No. 105246

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD [illegible] Snider, Marvin Eneidas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy.		yes	July (Month) 9 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Chas Glenn Snider.	FULL MAIDEN NAME	Nellie Irene Parke
RESIDENCE	Midvale Idaho	RESIDENCE	~~[illegible]~~ Midvale I.
COLOR	White. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Farmer.	OCCUPATION	House Wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz M D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed 9-12-1922 F A Schmitz

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STAT

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moscow Ida.

Place of Birth — Street: .....

Place of Birth — County: Washington

File Number: 105246

Registration Dist. No. .....

Sex of Child: Male

Date of Birth July 9, 192 2

Father: Charles Elmer Snider
Full Name

Mother: Nellie Irene Parker
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Marion Everdon Snider
Child's Name in Full

Mrs. Charles Snider
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

238-127-044-912

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 87 File No. 105248

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Frank A. Schmitz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. 27/22 19 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Frank Albert Schmitz	FULL MAIDEN NAME: Anna Elizabeth Rasdall
RESIDENCE: Midvale Idaho	RESIDENCE: Midvale Idaho
COLOR: White — AGE AT LAST BIRTHDAY 37 (Years)	COLOR: White — AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Kansas
OCCUPATION: Physician & Surgeon	OCCUPATION: House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 AM M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Weiser Ida

Filed 10 - 1 - 1922 F A Schmitz Registrar

Registrar

Silver Nitrate 1% sol used

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1942

238-227.044-343

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. 87 File No. 105249

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Josephene Anna Schwenkfelder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Sept (Month) 27 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John Schwenkfelder	FULL MAIDEN NAME	Anna Luthi
RESIDENCE	Cambridge Idaho	RESIDENCE	Cambridge Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	62 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 "A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt M D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed 10-1-1922 F A Schmidt

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-220-
PLACE OF BIR[redacted]
00-255

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
OCT 2 1922

County of Ada
City of Boise
No.
Hospital

Registration District No. 2 File No. 105280
Primary Registration District No. 1004 Registered No. 380

FULL NAME OF CHILD Atkinson, Mary Catherine
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9 / 20 1922

What bactericidal solution was used in eyes? 1% Nitrate of Silver.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ralph S. Atkinson	FULL MAIDEN NAME	Mildred Kinnikin
RESIDENCE	324 Wash.	RESIDENCE	324 Wash.
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Nev.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1.45 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger M.D.
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Sept. 21 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDA'

DEPARTMENT OF PUBLIC WELF.

Boise, Idaho, Nov. 27th 192.7

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise St. Alphonsus Hospital

Street: 32d Washington St.

County: Ada

File Number: ~~104846~~ 10527

Registration Dist. No.:

Date of Birth: Sept. 20th 192.7

Sex of Child: Female

Father: Ralph S. Atkinson (Full Name)

Mother: Mildred A. Kinnickin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Catherine Atkinson (Child's Name in Full)

Mildred K. Atkinson (Signature of Father or Mother)

DEC 1 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

297.209:001-194

PLACE OF BIRTH

County of Ada

City of Boise

No. ____ Street

Hospital St. Lukes

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 105252

Primary Registration District No. 1004 Registered No. 383

Full Name of Child Marcia Jane Sigler

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	9- 9- 1922

FATHER		MOTHER	
FULL NAME	Robert Harold Sigler	FULL MAIDEN NAME	Edna Helen Armstrong
RESIDENCE	520 Jefferson St. Boise Ida.	RESIDENCE	520 Jeff. St. Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Pennsboro, West Va.	BIRTHPLACE	Emmettsburg, Iowa
OCCUPATION	Photographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. Wm. F. Smith a. M.

Physician (Physician or midwife)

Address Empire Bldg. Boise Idaho

Filed Sept 26 1922 R. A. Oak Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: St. Luke's Hospital

County: Ada

File Number: ~~10[illegible]~~ 105252

Registration Dist. No.:

Date of Birth: Sept. 9 — 1922

Sex of Child: Female

Father: Robert Sigler
Full Name

Mother: Helen Armstrong
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Marcia Jane Sigler
Child's Name in Full

Helen A. Sigler
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

21 PLAC[redacted] OCT 2 [redacted] No. 11-6-1

County of [redacted]

City of [redacted] 105253

No. Ruch St.

Primary Registration District No. ..... Registered No. 713

Hospital .....

FULL NAME OF CHILD Ruth Benson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept. 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M. J. Benson	FULL MAIDEN NAME	Margaretta Belnap
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Bornholm Denmark	BIRTHPLACE	Hooper Utah Bornholm Denmark
OCCUPATION	Hor Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Randy

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 1717 State St. 410-11 McCarty Bldg. Ogden Utah

Filed 9/30 1922 [illegible]

Registrar

Registrar

[redacted]

MAY 19 1942

255 225-001-617

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

105254

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Registration District No. 1 File No. 44

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Margaret Pauline Beery
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug 25 1922

What bactericidal solution was used in eyes? 1% Sol. Silver Nitrate

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ralph M. Beery	FULL MAIDEN NAME	Ina M. Waggoner
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 12:40 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H F Neal

M. D.
(Physician or midwife)

Address Meridian, Idaho.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 9-1 1922 H F Neal
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-203.001-149

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED OCT 2 1922 BUREAU OF STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105254

County of Ada

City of Boise

Registration District No. 2 File No.

No. So- Boise St.

Primary Registration District No. 1004 Registered No. 406

Hospital —

FULL NAME OF CHILD Maxine "Lucy" Baynger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	4th	yes	May 9 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Paul Baynger	Mable Curry
RESIDENCE	So Boise Idaho	So Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	25
BIRTHPLACE	Boise Idaho,	Missouri - Marion City
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6- P. M., on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Cannon

Phys.

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

19

Registrar

Filed Sept 23 1922

R.N. Peak

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

delayed · unable to get

Place of Birth

291-116-901-251

PLACE OF BIRTH

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105256

County of Ada

City of Boise

No. 1111 Glenwood St.

Hospital

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. 412

FULL NAME OF CHILD Joseph Michael Braun
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Sept 16 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph Braun	FULL MAIDEN NAME	Edna Sear
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ill	BIRTHPLACE	Boise
OCCUPATION	Woodworker	OCCUPATION	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Titus

(Physician or midwife)

Boise

Give names added from a supplemental report.

....., 19....

Registrar.

Address _____

Filed 9/30 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1945

29p-106-001-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

105257

RECEIVED SEP 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. 1 mi No. McDermott Sta

Registration District No. File No. 42

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Joseph Melony Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 6 1922

What bactericidal solution was used in eyes? Yes Rg No

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	S. J. Brown	FULL MAIDEN NAME	Enda Belts
RESIDENCE	1 mi No McDermott Sta	RESIDENCE	1 mi No McDermott Sta
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born a live (Born alive or stillborn) at 8:40 P— M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) lived 4 hours J. M. Taylor M.D.
(Physician or midwife)

Address Boise Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 9-6 1922 H F Neal
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-219-001-436

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

RECEIVED OCT 2 1922

City of Boise,

Registration District No. 2 File No. 105258

No. ..... St.

Primary Registration District No. 1004 Registered No. 390

Hospital St. Lukes

FULL NAME OF CHILD Ethel Eileen Crowley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f.		yes	8 - 19 - 1922

FATHER		MOTHER	
FULL NAME	Coy H. Crowley	FULL MAIDEN NAME	M. Ethel McWilliams
RESIDENCE	1122 W. State St.	RESIDENCE	1122 W. State St.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Missouri	BIRTHPLACE	Payette, Idaho.
OCCUPATION	Confectioner	OCCUPATION	Housework.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:08 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest E. Lambaugh

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Sept 11 1922 R. N. Pratt

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 1942

691-108:001-236

PLACE OF BIRTH

RECEIVED OCT 2 1922 BUREAU STATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105259

County of Ada

City of Kuna

No. R.D. 1 St.

Registration District No. 8 File No.

Hospital

Primary Registration District No. 2008 Registered No. 56

FULL NAME OF CHILD Carl Ernest Frahm
(Certificate of no value without full name of child.)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth (Month) Aug (Day) 8 (Year) 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ernest Henry Frahm	FULL MAIDEN NAME	Ruby Stoudt
RESIDENCE	Kuna Ada. R.D. 1	RESIDENCE	Kuna Ada. R.D. 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Germany	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive at 5:19 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Overland Bldg. Boise

Filed Sept 14 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

May 31, 1941 L. B.

669-201-001-363

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

105260

County of Ada

City of Meridian R.D.

Registration District No. 11 File No. 39

No. R.D. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Olive June Forkner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	Yes	7 1 1922

FATHER		MOTHER	
FULL NAME	Chas. M. Forkner	FULL MAIDEN NAME	Effie Tolman
RESIDENCE	Meridian Idaho	RESIDENCE	Meridian Idaho
COLOR	W. AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marvin Callaway

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Boise Idaho

Filed 9-1 1922 H F Mal Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Days of 1922 – 145808

866-117-001-819 AMENDED FATHER'S AGE & MOTHER'S MAIDEN NAME 5-11-2000 MS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105261

County of Ada

City of Meridian No. ____ St.

Registration District No. 11 File No. 41

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Chas. Dickson Howell
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	7 17 1922

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Perry L. Howell	FULL MAIDEN NAME	Emma Izora Harlman
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39 38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 5:50 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. Neal

M.D.
(Physician or midwife)

Address Meridian Idaho.

Filed 9-1 1922 N. F. Neal
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1942

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

5-11-2000

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 1922-105261
Date Filed SEP. 9, 1922

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for CHAS. DICKSON HOWELL (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on JULY 17, 1922 (Date of Event)

in MERIDIAN (ADA) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
FATHER'S AGE	38	39
MOTHER'S MAIDEN NAME	EMMA ISORA HARTMAN	EMMA IZORA HARTMAN

Subscribed and sworn to before me this 11th day of May 2000

Notary Public, Mary Schneider
Residing at Meridian Id
My commission expires 2-16-2006
(Seal)

MARY SCHNEIDER NOTARY PUBLIC STATE OF IDAHO

Chas D Howell
Signature of Applicant

2803 Gold Haven Dr Caldwell, ID
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

STATE OF IDAHO CERTIFICATE OF DEATH FILED 7/3/1980 FILE #80-2648
SHOWS EMMA IZORA HOWELL DIED JULY 18, 1980 IN BOISE (ADA) ID
VIEWED VS.

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 7/16/1963 FILE #63-2420
SHOWS PERRY L. HOWELL DIED 21, 1963 IN BOISE (ADA) ID WAS BORN
MAY 17, 1883 VIEWED VS.

866.201.001-897

PLACE OF BIRTH

DEP...

BUR...

RECEIVED OCT 2 1922 BUREAU

CERTIFICA...

105262

County of Ada

City of Boise

No. ..... Registration District No. 2 Fi...

Hospital St. Lukes Primary Registration District No. 1004 Registered No. 395

FULL NAME OF CHILD Mary Lea Howry

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Sept 1 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Reg Howry	FULL MAIDEN NAME	Bessie Higby
RESIDENCE	Mayfield, Ida	RESIDENCE	Mayfield, Ida
COLOR	W AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 25 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harold W Stone

M.D.

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....

Registrar.

Address 413 Overland Bldg

Filed Sept 12 1922 R. H. Pratt

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

865-228-1001-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105263

County of Ada

City of Boise

No. 2507 Herron St.

Registration District No. 2 File No.

Hospital

Primary Registration District No. 1004 Registered No. 387

FULL NAME OF CHILD Helen Marie Homstead
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug 28 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Seven G Homstead	FULL MAIDEN NAME	Ida Peterson
RESIDENCE	2507 Herron St	RESIDENCE	2507 Herron St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	St Paul Minn.	BIRTHPLACE	St Paul Minn
OCCUPATION	Electrician	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, 4:10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S H Anderson
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Sept 11 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 7 1966

866.224 001

PLACE OF [redacted]

SEP 9 1922 BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

105264

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R.D. 1 St.

Registration District No. _____ File No. 43

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD ~~Helen~~ MAYBEL Idaho LORAINE Hooker

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Aug 24 1922

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	A. L. Hooker	FULL MAIDEN NAME	Olive May Tuttle
RESIDENCE	Meridian Idaho	RESIDENCE	Meridian Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	New York	BIRTHPLACE	Iowa
OCCUPATION	pharmacist	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

M. D.

(Physician or midwife)

Give names added from a supplemental report.

_____, 192____

_____ Registrar.

Address Meridian Idaho

Filed 9-1 1922 H. F. Neal Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Calif. } ss.
County of Santa Clara }

Certificate No. 105264

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Helen Idaho Hooker (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Aug. 24, 1922 (DATE OF EVENT)
in Meridian, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on at birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Helen Idaho Hooker	Maybel Loraine Hooker
The name Helen Idaho was never used; it was an error.		

Subscribed and sworn to before me this 21 SK day of August, 1942

W. D. Wasson

Notary Public, residing at Palo Alto Calif

My commission expires Jan. 18, 1943
(SEAL)

Signed Olive M. Hooker
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Clara }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of August, 1942

W. D. Wasson

Notary Public, residing at Palo Alto Calif

My commission expires Jan. 18, 1943
(SEAL)

Signed Mrs. Musetta Hardy
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(an older sister)

(STREET ADDRESS, CITY, STATE) 152 Tasso St Palo Alto, Calif.

Received for filing on AUG 28 1942 By
(REGISTRAR'S SIGNATURE)

AUG 31 1942

867-214-001-591

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 3 1922 BUREAU OF VITAL

CERTIFICATE OF BIRTH

105265

County of Ada

City of Chattin Flats

No. ..... St.

Registration District No. 74 File No. .....

Hospital .....

Primary Registration District No. 2151 Registered No. 37

FULL NAME OF CHILD Viola Rosallie Hopkins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Sept 14 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Fred Carl Hopkins	FULL MAIDEN NAME	Agnes Agatha Eral
RESIDENCE	Chattin Flats	RESIDENCE	Chattin Flats
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. J. Erkenbeck

Physician (Physician or midwife)

Address Grand View

Filed Oct. 1 1922 W J Erkenbeck Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified Copy issued Jan. 29, 1941. E.W.

AUG 24 1942

849-226-001-844

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105266

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

County of Ada
City of Barber
No. 9 - 3rd - St.
Registration District No. 8
File No.
Hospital
Primary Registration District No. 2008
Registered No. 59

FULL NAME OF CHILD Myra Louise
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			yes	May 24 1922

What bactericidal solution was used in eyes? Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James A Hurley	FULL MAIDEN NAME	Mame Hanna
RESIDENCE	Barber	RESIDENCE	Barber
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Oregon
OCCUPATION	Lime burner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1.10 a ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker
(Physician or midwife)

Address 303 Mc Carty Bldg

Filed Sept 19 1922 R H Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 22-381868

165-202-001-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

RECEIVED

No. 522 S 12 St.

Registration District No. 2 File No. 105267

Hospital No

Primary Registration District No. 1004 Registered No. 388

FULL NAME OF CHILD Lillian Jones
(Certificate of no value without full name of child.)

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Sept 2 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John William Jones	FULL MAIDEN NAME	Rose Green
RESIDENCE	522 1/2 S Boise, Idaho	RESIDENCE	522 1/2 S Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 11:15 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr L D Anderson
(Physician ~~or midwife~~)

Address 217 Idaho Bldg Boise Idaho

Filed Sept 11 1922 R H Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 (

239-223-001-943

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105268

No. ..... St. ..... Registration District No. 2 ..... File No. .....

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 400

FULL NAME OF CHILD Marjorie Elizabeth Klink
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female				Yes	July	23	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Myron Forrest Klink	FULL MAIDEN NAME	Violet Hazel Rutledge
RESIDENCE	Meridian, Idaho	RESIDENCE	Meridian, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Nebraska	BIRTHPLACE	Colorado
OCCUPATION	Drayman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Sex alive, at 11:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Oshland Bldg. Boise

Filed Sept 14 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-115-001-592

PLACE OF BIRTH

RECEIVED OCT 2 1922 DEPT. BUREAU STATISTICS

105269

County of Ada

City of Boise

No. ____ St.

Hospital ____

CERTIFICATE

Registration District No. 8

Primary Registration District No. 2008 Registered No. 60

FULL NAME OF CHILD Paul Ewin Lantzer

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Sept 15 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	W. H. Lantzer	FULL MAIDEN NAME	Florence V. Erskine
RESIDENCE	Boise R # 3	RESIDENCE	Boise R # 3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Hsd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harold W Stone M. D. (Physician or midwife)

Address 413 Overland Bldg

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Sept 30 1922 R. M. Pratt Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364-208-001-843

PLACE OF BIRTH

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 105270

County of Ada
City of Boise
No. 1704 B'way St. Registration District No. 2
Hospital Primary Registration District No. 1004 Registered No. 403

FULL NAME OF CHILD ~~Louise Jean~~ DORIS JEAN LOUGHREY
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Sept 8 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clyde Laughrey LOUGHREY	FULL MAIDEN NAME	Alta Hillier
RESIDENCE	1704 Broadway	RESIDENCE	1704 Broadway
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Coon Rapids Iowa	BIRTHPLACE	Weiser, Idaho
OCCUPATION	Shoemaker	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.20 P. M. on the date above stated.

(Signature) C. S. Allen M.D

(Physician or midwife)

Address 318-19 McCarty Bldg

Filed Sept 16 1922 R. N. Groth
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 105270
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Louise	Doris Jean
Surname	Laughrey	Loughrey

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Clyde Loughrey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Washington }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of August, 1943

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed N A Root Justice of the Peace
(Signature of Any Credible Person Other Than Previous Year)
District of Tigard

Tigard Ore
(Street Address, City, State)

SEP 16 1943

SEP 17 1943

3/6217.001-523

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. ..... St. ..... Registration District No. 2 File No. 105271.

Hospital St Lukes Primary Registration District No. 1004 Registered No. 410

FULL NAME OF CHILD Phillys Jean Lawson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept 17 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Phil Lawson	FULL MAIDEN NAME	Rose Estby
RESIDENCE	Barber Idaho	RESIDENCE	Barber Idaho
COLOR	White AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 10 00 a.m. at born alive M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe C. Ward
Physician
(Physician or midwife)

Address Boise Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 29 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 4 1944

Amended Sept. 17, 1952

PLACE OF BIRTH

351-228-001-235

County of Ada

City of Meridian

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 105272

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD GLADYS GERALDINE LEACH
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) 6 (Day) 28 1922 (Year)

What bactericidal solution was used in eyes? 1% sol. silver nitrate

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Earl C. Leach	FULL MAIDEN NAME: Hazel Mildred Sterett
RESIDENCE: Meridian	RESIDENCE: Meridian
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: farmer	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

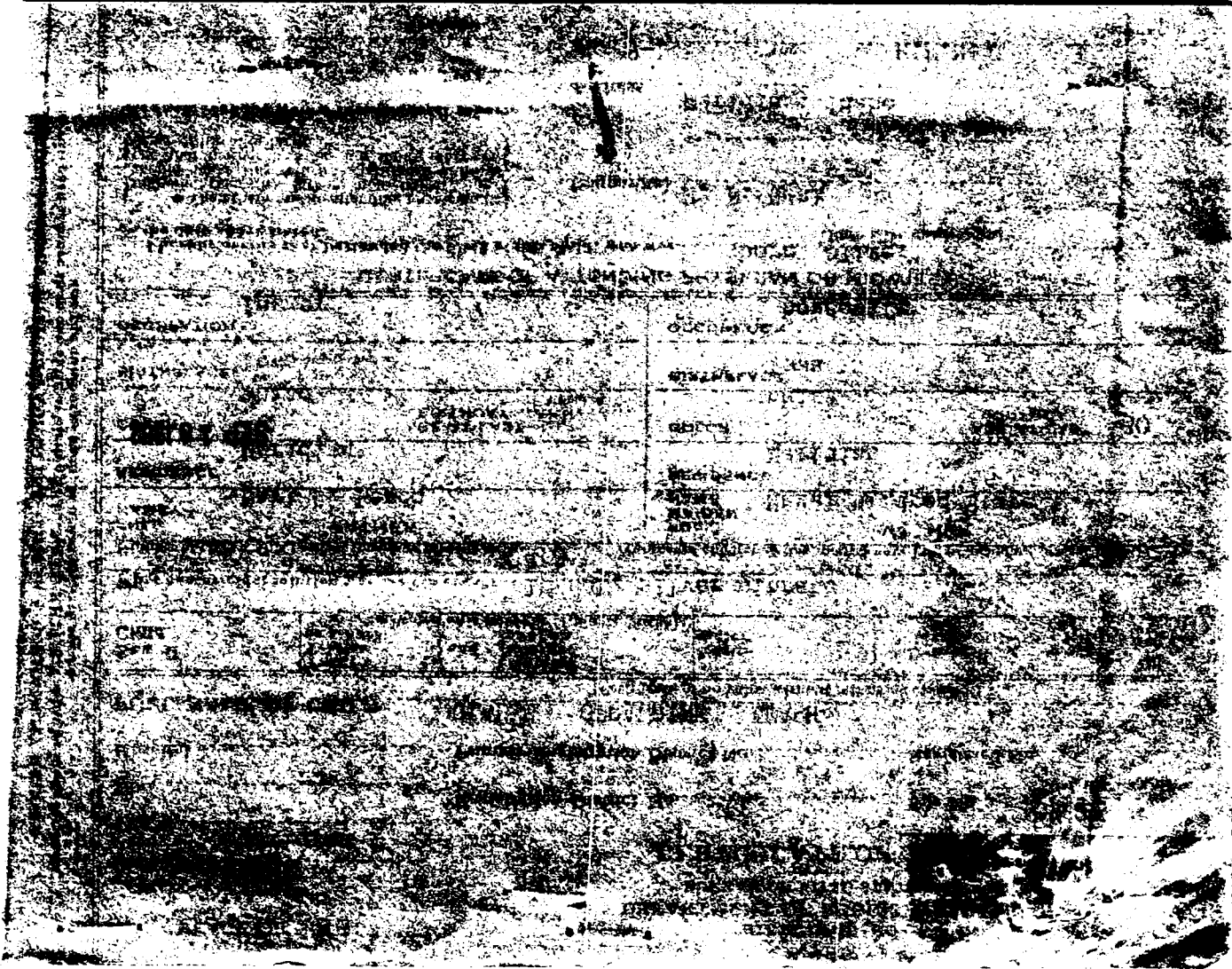
(Signature) H. F. Neal
M.D.
(Physician or midwife)

Address Meridian, Idaho

Filed 9-1 1922 H.F.Neal Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 105272

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Margaret Lucille Leach (Name on Original Certificate) who was born (Was Born or Died) on June 28, 1922 (Date of Event)
in Ada County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Margaret Lucille Leach	Gladys GERALDINE
Name of mother	Stutt	Sterett

Subscribed and sworn to before me this 17 day of August, 1952

Notary Public, residing at Boise County, Idaho.
My commission expires April 2, 1955
(Seal)

Signed Gladys S. McGeachin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of August, 1952

Notary Public, residing at Boise County, Idaho.
My commission expires April 2, 1955
(Seal)

Signed Mrs. E. C. Leach
(Signature of Any Credible Person)

(Street Address, City, State)

MRS. IDA M. WARNER
COUNTY SUPERINTENDENT AND
SECRETARY OF BOARD

OFFICE DAYS: SATURDAYS
HOURS: 9 A. M. TO 12 M.

CLARE KERSTING
COORDINATOR

ADA COUNTY
BOARD OF EDUCATION
COURT HOUSE
BOISE, IDAHO

September 4, 1952

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY:

That Gladys Leach graduated from the 8th grade in School District No. 18, Ada County, State of Idaho, on May 15, 1936.

Her age is listed as being thirteen years (13 yrs.) at that time/

Respectfully submitted,

Ada County Board of Education

ADA COUNTY BOARD OF EDUCATION

By I. I.

This information is recorded in the office of the Ada County Board of Education in Record of Examination of 8th Grade.

ACBE/ff

469-201-69-317

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105273

County of Ada

City of Boise

No. ..... St. ..... Ward or Precinct No. 2 File No. .....

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 399

FULL NAME OF CHILD Della May Morrison

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	and		Yes	Sept. 1 1922

What bactericidal solution was used in eyes? Silver Nit. 1% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Arthur C. Morrison	FULL MAIDEN NAME	Josie Caperon
RESIDENCE	Eagle, Idaho	RESIDENCE	Eagle, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Mail Carrier	OCCUPATION	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive or ~~still born~~ Sept. 1, at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Jos. R. Nemmers Jr.

(Physician or midwife)

Address Boise, Idaho

Filed Sept 11 1922 R. M. Peak Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

797-129-001-469

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105274

County of Ada

City of Meridian No. ..... St.

Registration District No. 11 File No. 45

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Richard Kenneth Pigg
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 29 1922

What bactericidal solution was used in eyes? 1% Sol. Silver Nitrate

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	J. Lewis Pigg	FULL MAIDEN NAME	Ella J. Morely
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) H. F. Neal M. D.
(Physician or midwife)

Address Meridian Idaho

Filed Aug 2 1922 H F Neal
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1942

962-214-001-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105275

RECEIVED SEP 9 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Meridian

No. ..... Registration District No. 11 File No. 40

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Irey Viola Robbins

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	7 14 1922

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME H. M. Robbins	FULL MAIDEN NAME Lela M. S Schlitzer
RESIDENCE Meridian	RESIDENCE Meridian
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Arkansas	BIRTHPLACE Nebraska
OCCUPATION farmer	OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) N. F. Neal M.D.

(Physician or midwife)

Address Meridian Idaho

Filed 9-1 1922 N. F. Neal Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-215-001-[redacted]

PLACE OF BIRTH [redacted]

BU[redacted]

105276

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICA[redacted]

Registration District No. 2

Primary Registration District No. 1004

Registered No. 397

FULL NAME OF CHILD Martha Jean Schoonover
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Aug (Day) 15 (Year) 1922
F		Yes	

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Gail Schoonover	FULL MAIDEN NAME	Frances Boatright
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	S. D.	BIRTHPLACE	Montana
OCCUPATION	Ice Manufacturer	OCCUPATION	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harold A. Stone
M. D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address

Filed Sept 12 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

ON FATHER'S NAME FRANCES WAS FIRST WRITTEN IN THEN GAIL HIS ACTUAL NAME WAS WRITTEN OVER FRANCES WAS MADE MORE READABLE VS.

MAY 17 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

286-116-6

PLACE O[illegible]

Form V. S. No. 11—25m-9-8-15

TICS

County of [illegible]

City of Boise

BUREAU OF VITAL [illegible]

Registration District No. 2

File No. 105277

No. Rd St.

Oct 2 1922

Primary Registration District No. 1004

Registered No. 407

Hospital

FULL NAME OF CHILD Ray Alvin Shoak

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—	—	yes	9-16-1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Guy M Shoak	Minnie M. Estes
RESIDENCE	Boise R D	Boise R. D
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Idaho	Colorado
OCCUPATION	Laborer	Ind.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) M. Allen Callaway

Physician

(Physician or midwife)

Address Boise Idaho

Filed Sept. 23 1922 R. N. Pratt

Registrar

8-Y-CO. 38071

551-203-00-214

PLACE OF BIRTH RECEIVED OCT 2 19[illegible] BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105278

County of Ada

City of Boise

~~No~~ Near Gary Star

Registration District No. 8 File No.

Hospital

Primary Registration District No. 2008 Registered No. 55

FULL NAME OF CHILD Emma Jane Veatch
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	Sept. 3, 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John W. Veatch	FULL MAIDEN NAME	Emma A. Baum
RESIDENCE	R. D. #1, Boise, Idaho	RESIDENCE	R. D. #1, Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Missouri
OCCUPATION	Land Appraiser	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.38 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. W. Taylor M. D.
(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 19.....

Filed Sept 16 1922 R. N. Craft
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DISCO

JUN 17 1960

666-217-001-469

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

105279

County of Ada

City of Boise

Registration District No. 2 File No.

No. St.

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 408

FULL NAME OF CHILD Marjorie Kathryn Wood

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			2	Yes	Sept 17 1922

FATHER		MOTHER	
FULL NAME	Ralph Wood	FULL MAIDEN NAME	Frances Morrison
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida Frances Morrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Denver Col	BIRTHPLACE	Spokane Wash
OCCUPATION	Waiter	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P M. on the date above stated.

(Signature) D W G Armstrong
Physician
(Physician or midwife)

Address 414 Overland Bldg Boise

Filed Sept 29 19 22 R.N. Peak
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 21 1956

959-105-001-253

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 105281

Primary Registration District No. 1004 Registered No. 409

FULL NAME OF CHILD James Kirkwood Reid

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		YES	Sept (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	C. J. Reid	FULL MAIDEN NAME	Margaret S Bell
RESIDENCE	111 1/2 E. Idaho.	RESIDENCE	111 1/2 E Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Electrical Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9.40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Ida

Filed Sept 29 1922 R. N. Pratt

Registrar Registrar

Credes solution used in eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WE[illegible]

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, Oct 17 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 1144½ East Idaho

County: Ada

File Number: [illegible]

Registration Dist. No. .....

Sex of Child: Male

Date of Birth Sept. 5th 1922

Father Chairmont J. Reid (Full Name)

Mother Margaret Ethen Reid (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Kirkwood Reid
Child's Name in Full

C. J. Reid
Signature of Father or Mother

SEP 3 1974

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

3'24/41 Z.J.

314-206-001-314

PLACE OF BIRTH

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105282

County of Ada

City of Boise

No. 701 Franklin St.

Registration District No. 2 File No.

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 391

FULL NAME OF CHILD Lois Emma Camnitz CAMNITZ
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fe		Yes	9/6 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Raymond M. Camnitz MAURIS CAMNITZ	FULL MAIDEN NAME	Augusta Lambert
RESIDENCE	701 Franklin St	RESIDENCE	701 Franklin ADALINE
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Tenn	BIRTHPLACE	Ore
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1.45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred M Pittenger
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boise Idaho

Filed Sept 11 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE

Dup of 1922 - 239228

Dear Madam: OF VITAL STATISTICS

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: St. Alphonsus Hospital

County: Ada

File Number: 7

Registration Dist. No.:

Date of Birth: Sept 6 1922

Sex of Child: Female

Father: Raymond Maurice Cannitz (Full Name)

Mother: Augusta Adaline Lambert (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lois Emma Cannitz (Child's Name in Full)

Mrs. R. M. Cannitz (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

217-212-001-962

PLACE OF BIRTH

DEP...

BUR...

County of Ada

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

CERTIFICA...

105283

City of Boise

No. ..... St. Registration District No. 2 Fi...

Hospital St. Jerkes Primary Registration District No. 1004 Registered No. 398

FULL NAME OF CHILD Jean, Ellen Saxton

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept (Day) 12 (Year) 1922
F		yes	

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chas. Saxton	FULL MAIDEN NAME	Raynhild Roback
RESIDENCE	Boise, Ida	RESIDENCE	Boise, Ida
COLOR	W AGE AT LAST BIRTHDAY 44 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harold W Stone

M. D.

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....

Registrar.

Address 413 Overland Bldg

Filed Sept 12 1922 R H Pratt

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

TERAL REASONS WHY A CERTIFICATE OF

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

File Number: [illegible]3

Street: St. Lukes Hosp.

Registration Dist. No.:

County: Ada

Date of Birth: Sept. 12th 192[illegible]

Sex of Child: Female

Father: Chas. Dennis Dayton (Full Name)

Mother: Reginald Miriam Robeck (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jean Ellen Dayton

Child's Name in Full

Mrs. Chas. D. Dayton

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

419-209-001-349

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

Registration District No. 2

File No. 105284

No. ..... St.

Primary Registration District No. 1004

Registered No. 394

Hospital—Home 1405 Lewis St.

FULL NAME OF CHILD Patricia Gail Marden

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2nd	yes	Sept. 9, 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. P. Marden	Mady Turner
RESIDENCE	Boise Idaho	
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Wisconsin	Idaho
OCCUPATION	Musician	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1-55 P. M. on the date above stated.

(Signature) Chas W. Kingsbury M.D.

(Physician or Midwife)

Address 404-5 Idaho Bldg Boise

Filed Sept 13 1922 R. N. Truax Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-V CO., 16270

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

12

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SH
OR EACH CHILD AND THE SAME COMPLETE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Boise
- Street: 1405 Lewis
- County: Ada

File Number: [illegible]

Registration Dist. No.:

Date of Birth: Sep. 9 192[illegible]

Sex of Child: Female

Father: Lyman Peter Marden
Full Name

Mother: Madge May Marden
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Patricia Gay Marden
Child's Name Full

L. P. Marden
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

465-212-001-319

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

105285

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No.

No. St.

Hospital St Lukes

Primary Registration District No. 1004 Registered No. 411

FULL NAME OF CHILD Nivena Monsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Sept 12 1922

FATHER		MOTHER	
FULL NAME	Fredrick L Monsen	FULL MAIDEN NAME	Hansina S Larson
RESIDENCE	519 S 14 -	RESIDENCE	519 S 14
COLOR	White	COLOR	White -
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Shoemaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bacek

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Ida.

Filed Sept 29 1922 R. H. Hall

Registrar Registrar

Credes solution used in eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIV
DEPAR
OCT 20 19
BUREAU OF VITAL STATISTICS

Boise, Idaho, Oct. 17, 192 2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 519 South 14 St.

County: Ada

File Number: [illegible]

Registration Dist. No.:

Date of Birth: 12 Sept. 192 2

Sex of Child: Female

Father: Fred Mowsen (Full Name)

Mother: Jensine Sovine Larsen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Minerva Mowsen.
Child's Name in Full

Fred Mowsen.
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

855-104-001-23

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Ada

CERTIFICATE OF BIRTH

City of Boise

Registration District No. 2 File No. 105287

No. 1505 N 6. St.

Primary Registration District No. 1004 Registered No. 437

Hospital

FULL NAME OF CHILD Stewart Reed Henderlider

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	Oct. (Month) 4- (Day) 1922. (Year)

FATHER		MOTHER	
FULL NAME	Stewart Henderlider	FULL MAIDEN NAME	Katherine M. Steely
RESIDENCE	1505 North 6—	RESIDENCE	1505 N 6—
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouck

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Ida

Filed Oct 14 1922

R. H. Pratt
Registrar

Registrar

Credes Solution used in eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

NOV 13 1922

NOV 10 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED

Place of Birth — City ..... Boise .....

Street ..... 1505 No. 6th .....

County ..... Ada .....

File Number ..... 105287 .....

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth ..... Oct. 4 ..... 1922.

Father Stewart Henderlider (Full Name) Mother Katherine May Henderlider (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Stewart Reed Henderlider

Child's Name in Full

Mrs. K. M. Henderlider

Signature of Father or Mother

791-106-004-629

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105288

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. .....

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 438

FULL NAME OF CHILD John Geo Graves

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 6th 192

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest E. Graves	Lucy O'Brien
RESIDENCE	1907 Jefferson St.	1907 Jefferson St
COLOR	W hite	W hite
AGE AT LAST BIRTHDAY (Years)	36	37
BIRTHPLACE	Buffalo, New Y.	Galesburg, Ill
OCCUPATION	Office Supply Business	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician ~~or midwife~~)

Address Boise Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Oct. 14 1922 R. V. Pratt

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1942

269-208-001-592

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

NOV 3 1922

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 610 Idaho St.

Hospital

Registration District No. 2 File No. 105289

Primary Registration District No. 1004 Registered No. 439

FULL NAME OF CHILD Mary Kozsawa

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct (Month) 8 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Takugeroo Kozsawa	FULL MAIDEN NAME	Toki Nisigaki
RESIDENCE	610 Idaho	RESIDENCE	610 Idaho St.
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Boise Ida

Filed Oct. 17 1922 R. H. Pratt

Registrar

Registrar

Credes solution used in eyes —

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

631-108100-853

PLACE OF BIRTH

REC[redacted] WELFARE
NOV 3 19[redacted] ISTICS
BUREA[redacted] BIRTH

County of Ada

City of Boise

No. 1617 N 24 St.

Registration District No. 2 File No. 105290

Hospital The Salvation Army Maternity Home Primary Registration District No. 1004 Registered No. 440

FULL NAME OF CHILD Robert Edward Flaharty
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1 (To be answered only in event of plural births)	Yes	Oct 8 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Harry E Flaharty	FULL MAIDEN NAME	Alice Bellenga
RESIDENCE	Fortune Mont.	RESIDENCE	Fortune Mont.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE		BIRTHPLACE	Kalispell Mont.
OCCUPATION	Oil Driller	OCCUPATION	Schoolgirl

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive, at 11⁰⁰ a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe C Ward
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boise Idaho

Filed Oct 17 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 28 1944

921-2090001-414

PLACE OF BIRTH

RECEIVED NOV 3 1922 BUR. VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1915 N 15 St.

Registration District No. 2

File No. 105291

Hospital

Primary Registration District No. 1004

Registered No. 441

FULL NAME OF CHILD Betty Gail Isaak
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
f		yes	Oct 9 1922

What bactericidal solution was used in eyes? Neo Silvol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Emil H Isaak	FULL MAIDEN NAME	Mabel E Mantz
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	South Dak.	BIRTHPLACE	Idaho
OCCUPATION	Cleaner & Presser	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 1 40 A M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 303 McCarty Blk

Filed Oct. 17 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1968

255 [redacted]

Form V. S. No. 11—25m-6-18

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105292

County of Ada — NOV 3 1922 — Registration District No. 2 — File No.

City of Boise — Registration District No. 1004 — Registered No. 442

No. ____ St.

Hospital St. Lukes

Full Name of Child John Westley Kendall

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male			Yes	10 (Month) - 10 (Day) - 1922 (Year)

FATHER		MOTHER	
FULL NAME	John Westley Kendall	FULL MAIDEN NAME	Leota Alice Moreland
RESIDENCE	1903 N. 16th St. Boise, Ida.	RESIDENCE	903 N 16th St, Boise, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Mo.
OCCUPATION	Delivery driver.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.40 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

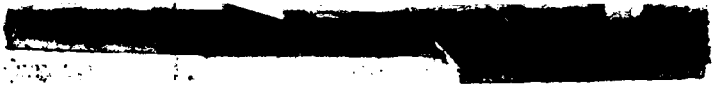
(Signature) Dr. J. Carl Hill a. M.
Physician
(Physician or midwife)

Address Boise, Idaho

Filed Oct 14 19 22 [redacted] Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



259-110 201-753

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

RECEIVED
NOV 3 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Lukes

Registration District No. 2

Primary Registration District No. 1004

File No. 105293

Registered No. 443

Full Name of Child Kenneth Glenn Bergquist

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	10 - 10 - 1922

FATHER		MOTHER	
FULL NAME	Arthur Harman Bergquist	FULL MAIDEN NAME	Lillian Gilpin
RESIDENCE	1618 State St. Boise, Idaho.	RESIDENCE	1618 State St, Boise, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Wisconsin
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill a. B.
Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Boise, Idaho

Filed Oct 14 1922 R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

NOV 13 1922

Boise, Idaho, JAN 19 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECD 1922 VITAL STATISTICS

Place of Birth — City: Boise; Street: 1618 - State St.; County:

File Number 105293

Registration Dist. No.

Sex of Child: Male

Date of Birth October 18, 1922

Father: Arthur Harman Bergquist (Full Name)

Mother: Lillian Gilpin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Kenneth Glenn Bergquist
Child's Name in Full

Mrs. Arthur H. Bergquist
Signature of Father or Mother

AUG 31 1987

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

455-111-001-793

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105294

County of Ada

City of Boise

No. ____ St.

Registration District No. 2 File No. ____

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 444

FULL NAME OF CHILD Earl Richard Menear

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet — or other? and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Oct. 11 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Edwin Menear	FULL MAIDEN NAME	May Gilbert
RESIDENCE	near Star, Idaho	RESIDENCE	Star, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Shafer Creek, Ada Co. Idaho	BIRTHPLACE	Ada Co. Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 1.30 P.M. **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCall

(Physician ~~or midwife~~)

Address Boise Idaho

Filed Oct 14 1922 R. N. Craft

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1964

JUL 27 1942

154-112-001-238

PLACE OF BIRTH

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1318 State St.

Hospital St Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 105295

Registered No. 445

Full Name of Child Richard Manville Andrews

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes	10 (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	N. M. Andrews	FULL MAIDEN NAME	Erva Blystone
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	N. Y.	BIRTHPLACE	Colo
OCCUPATION	Telephone employee	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. Higgs

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address 402 Ida Bldg

Filed Oct 14 1922 R. H. Pratt Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 105295

County of Boise } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Richard Andrews (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 12, 1922 (DATE OF EVENT)

in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Baptismal Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 20, 1932 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Richard	Richard Manville Andrews

Subscribed and sworn to before me this 12th day of May, 1942

Hugh D. Howard

Notary Public, residing at Denver Colo.

My commission expires Dec. 20, 1943

(SEAL)

Signed (Mrs.) Erva B. Andrews (Mother)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

900 Monroe St., Denver, Colo.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.

City of Denver

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of May, 1942

Hugh D. Howard

Notary Public, residing at Denver Colo.

My commission expires Dec. 20, 1943

(SEAL)

Signed Harold N. Fries

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2000 So. Gillmore, Denver, Colo.

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 15 1942 By

(REGISTRAR'S SIGNATURE)

MAY 19 1949

275-213-001-847

PLACE OF BIRTH

RECEIVED NOV 3 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105296

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. .....

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 446

FULL NAME OF CHILD Betty Wales Spencer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Oct. 13 1922

What bactericidal solution was used in eyes? Silver Nit. 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wales Spencer	FULL MAIDEN NAME	Ruth Hughs
RESIDENCE	Grandview Ida	RESIDENCE	Grandview
COLOR	White AGE AT LAST BIRTHDAY 38 (Years)	COLOR	White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Iowa
OCCUPATION	Stockman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct. 13, at 11 a. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Plumbers
(Physician or midwife)

Address Boise, Idaho

Filed Oct 14 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1942

AUG 1 1958

613-222-001-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 105297

County of Ada
City of Boise
No. ____ St.
Hospital St. Alphonsus
Registration District No. 2
Primary Registration District No. 1004
Registered No. 494

FULL NAME OF CHILD Watson, Margaret Elaine
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		2	yes	Oct 22 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

	FATHER	MOTHER
FULL NAME	Watson Alex H	Baxter Mildred
RESIDENCE	Seattle Wash	Seattle
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Aberdeen Scotland	San Francisco Cal.
OCCUPATION	Druggist	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. V Gennung
(Physician or midwife)
Address Boise

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed Oct 30 1922
R N Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

793-21-001-693

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

NOV 3 [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105298

County of Ada

City of Boise

No. _____ St.

Hospital St. Lukes

Registration District No. 7 File No. _____

Primary Registration District No. 1004 Registered No. 453

Full Name of Child Jeanette Logan Gilmore

SEX OF CHILD Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | DATE OF BIRTH 10 (Month) 11 (Day) 1922 (Year)

FATHER

FULL NAME James L. Gilmore

RESIDENCE 923 Washington St., Boise, Ida.

COLOR White AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Washington

OCCUPATION Sheep-raiser

MOTHER

FULL MAIDEN NAME Mattie Williams

RESIDENCE 923 Washington St Boise, Ida

COLOR White AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. F. Smith

Physician (Physician or midwife)

Address Empire Bldg. Boise, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 30 1922 R. H. Pratt

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-110-004243

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105299

County of Ada
City of Boise
No. St. Alph.
Hospital
Registration District No. 2
Primary Registration District No. 1004
File No.
Registered No. 454

FULL NAME OF CHILD Clement Charles Buege
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	10 10 1922

What bactericidal solution was used in eyes? Cyno 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Adolph Buege	FULL MAIDEN NAME Hattie Sutter
RESIDENCE Boise	RESIDENCE Boise
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Michigan	BIRTHPLACE Arkansas
OCCUPATION Butcher	OCCUPATION H-S

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 1922 M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Sutton
(Physician or midwife)
Address Boise

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct 30 1922 R. N. Falk
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/4/41 L. B.

365-212-001-643

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

NOV 3 19..
BUREAU ... STATISTICS

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. 2 File No. 105300

Primary Registration District No. 1004 Registered No. 455

FULL NAME OF CHILD Helen Central

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
X			10-12 1922

FATHER		MOTHER	
FULL NAME	J. H. Central	FULL MAIDEN NAME	Susie Fulton
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ark.	BIRTHPLACE	Ark
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Callaway
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19..

Registrar.

Address Boise Idaho

Filed Oct 14 1922 R. H. Pratt
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup CC 1922-145708

168-226-001-515

PLACE OF BIRTH

91-27-001-533

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]-6-15-18

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. 2

File No. 105301

Primary Registration District No. 1004

Registered No. 456

Full Name of Child Phillip Matthews

SEX OF CHILD	~~Twin Triplet~~ or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male			yes	10 (Month) 27 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	David F. Matthews	FULL MAIDEN NAME	Ereva Ellsworth
RESIDENCE	119 S. - 27th St. Boise	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Idaho
OCCUPATION	Laundryman	OCCUPATION	Housekpr.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 20 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed Oct. 28, 1922 R. H. Pratt, Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

NOV 13 19[illegible]

DEPARTMENT OF PU[illegible]

Boise, Idaho, [illegible] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number 105301

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth .....192....

Father ..... Mother .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

JUL 26 1945

AUG 14 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

FEB 2 7 1950

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD. - -

639-118-001-634

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ——— St.

Registration District No. 2 File No. 105302

Hospital St. Luke's Primary Registration District No. 1004 Registered No. 457

FULL NAME OF CHILD John Todd Oliver, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Oct. 18 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME John T. Oliver	FULL MAIDEN NAME ~~S. Mary~~ S. Marion Olund
RESIDENCE 1204 E. State St., Boise, Idaho	RESIDENCE 1204 E. State St., Boise, Idaho
COLOR W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Mass. (Easthampton)	BIRTHPLACE Mass. (Boston)
OCCUPATION Accountant & Collector Idaho Power Co.	OCCUPATION Housewife

U.S. Fleet Naval Reservist

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 43 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boise, Idaho

Filed Oct 30 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

corrections and additions authorized by telephone
by Dr. Braxtan, 10-8-40

624.265.001-261

PLACE OF BIRTH

RECE[illegible] NOV 3 19[illegible] BUREAU [illegible] STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. —— St.

Registration District No. 2 File No. 105303

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 458

FULL NAME OF CHILD Gloria Rosella Osier
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	Oct. 5 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph Henry Osier	FULL MAIDEN NAME	Alba Gertrude Swain
RESIDENCE	510 S. 15th St., Boise, Idaho	RESIDENCE	510 S. 15th St., Boise, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.55 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Boise, Idaho

Filed Oct 30 1922 R. N. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-111-001-218

PLACE OF BIRTH

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105304

County of Ada

City of Boise

No. ——— St.

Registration District No. 2 File No.

Hospital St. Luke's Primary Registration District No. 1004 Registered No. 459

FULL NAME OF CHILD David Sayles Shepard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Oct. 11 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Edwin C. Shepard	FULL MAIDEN NAME	Ruth L. Sayles
RESIDENCE	1711 Ressequie St., Boise, Idaho	RESIDENCE	1711 Ressequie St., Boise, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	New York	BIRTHPLACE	New York
OCCUPATION	Forest Supervisor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.50 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Bratan

M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boise, Idaho

Filed Oct 30 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

174-201-001-769

PLACE OF BIRTH

RECEIVED NOV 3 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105305

County of Ada

City of Boise

No. 512 Idaho St.

Registration District No. 2 File No.

Hospital

Primary Registration District No. 1004 Registered No. 460

FULL NAME OF CHILD Felicia Rosario Aguirre
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	10-1-1922

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Francisco Aguirre	FULL MAIDEN NAME	Sabina Goitia
RESIDENCE	512 Idaho	RESIDENCE	same
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Shoemaker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francisco Aguirre
Father
(Physician or midwife)

Address 512 Idaho

Filed Oct 30 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-221-001-319

PLACE OF BIRTH

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105306

County of .....

City of Boise

No. ..... St.

Registration District No. 2 File No. .....

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 461

FULL NAME OF CHILD Smith, Valeria
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	6 (To be answered only in event of plural births)	yes	Oct. 21 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Smith, Leighton V.	FULL MAIDEN NAME	Carringer, Mary A.
RESIDENCE	406 O'Farrell St. Boise	RESIDENCE	—
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Lewiston Ida.	BIRTHPLACE	Norcatur, Kansas
OCCUPATION	Mailer at Statesman	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. V. Genovray

(Physician or ~~midwife~~)

Address Boise

Filed Oct 30 1922 R. N. Poatt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

386-124-001-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

REC
NOV
BUREA

County of

City of Boise

No. St.

Registration District No. 2 File No. 105307

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 462

FULL NAME OF CHILD Thorsted, Edward Dale
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	yes	Oct 24 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Thorsted, Edward J.	FULL MAIDEN NAME	Wilkinson, June
RESIDENCE	701 Franklin Boise	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ekla. Mont.	BIRTHPLACE	Ogden. Utah
OCCUPATION	auto Mechanic	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:05 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F Genoway
(Physician or midwife)

Address Boise

Filed Oct 30 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 4 1942

436-12-4-601-433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105308

County of Ada

City of Boise

No. 912 Franklin St. Registration District No. 2 File No.

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 402

FULL NAME OF CHILD McFarlane William Nicholas
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes	Oct. 24 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	McFarlane Chas Leo	FULL MAIDEN NAME McCarthy Mary Maud
RESIDENCE	912 Franklin Boise	912 Franklin
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	39	36
BIRTHPLACE	Edina, Mo.	Minneapolis, Minn.
OCCUPATION	Shoe salesman.	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Ganong
(Physician or midwife)

Address

Filed Oct 30 1922 R. N. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 10 5308

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthplace mother	not given	Miss. Mexico

Subscribed and sworn to before me this 27
day of April, 19 43

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed × Mrs. C. L. McFarlane
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 2 2 1943

JAN 25 1963

796-101-001-618

PLACE OF BIRTH

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ~~South Bench~~

Registration District No. _____ File No. 105309

Hospital _____ Primary Registration District No. _____ Registered No. 431

FULL NAME OF CHILD Phillip Eugene Procter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 1, 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	F. A. Procter	FULL MAIDEN NAME	Anna Elizabeth Vahlquist
RESIDENCE	S. Bench, Boise, Idaho	RESIDENCE	S. Bench, Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. W. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 10-17 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

193-102-001-165
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 3 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. ..... St. .....
Registration District No. 2
File No. 105310
Hospital St Lukes
Primary Registration District No. 1004
Registered No. 432

FULL NAME OF CHILD Louis Paul Azcuenaga
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	—	yes	Oct 2nd 1922

What bactericidal solution was used in eyes? Argyrol 1.0% Sol.

Number of child of this mother, including present birth.....
Number of child of this mother now living, including present birth.....

FATHER		MOTHER	
FULL NAME	Louis Azcuenaga	FULL MAIDEN NAME	Eliza Jones
RESIDENCE	Jordan Valley, Oregon	RESIDENCE	Golden Valley, Oregon ~~Edgepulle Iowa~~
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Trout Creek Idaho	BIRTHPLACE	Edgepulle Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. **M.** **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) L. P. McCallo M.D.
(Physician or midwife)

Address Boise, Idaho

Filed Oct 14 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 11 1950

255-107-001-667

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada.

City of Boise

Registration District No. 2 File No. 105311

No. St.

Hospital St Alphonsus. Primary Registration District No. 1004 Registered No. 433

FULL NAME OF CHILD Joseph Donald Beebe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Oct 2 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Beebe.	FULL MAIDEN NAME	Josephine Fogarty
RESIDENCE	Eagle. R.D. 1.	RESIDENCE	Boise.
COLOR	W. AGE AT LAST BIRTHDAY 42. (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26. (Years)
BIRTHPLACE	California.	BIRTHPLACE	Montana.
OCCUPATION	Rancher.	OCCUPATION	HW.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P.M. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Tallman M.D.
Boise, Idaho.
(Physician or midwife).

Given names added from a supplemental report.

_____ 19__

Registrar

Address

Filed Oct 22 1922 R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 3 1942

JUN 6 1951

JUN 12 1952

NOV 30 1973

MAR 29 1954

OCT 22 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1 — Rev. 6-15-18

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 105312

No. 1008 Hidenbaugh St.

Primary Registration District No. 1004

Registered No. 434

Hospital St Lukas

Full Name of Child Helen Marie Holden

SEX OF CHILD F	Twin Triplet or other? ✓ and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Oct (Month) 3 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	A. C. Holden	FULL MAIDEN NAME	Lilah Calden
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Nebraska
OCCUPATION	Merchant.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. W. Tomey

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address

Filed Oct 17 1922 R. H. Pratt

Registrar

JUL 2 1971

212-183-001-599

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

105313

County of Ada

City of Boise

Registration District No. [redacted]

File No.

No. St.

Hospital St. Alphonsus

Primary Registration District No. 1004

Registered No. 435

FULL NAME OF CHILD Charles Richard Baker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	10 - 3 - 1922

FATHER		MOTHER	
FULL NAME	Jesse Meredith Baker	FULL MAIDEN NAME	Bessie Virgil
RESIDENCE	R. 2, Boise	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Colorado
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 5:40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Gallaman
Physician
(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Oct 14 1922

R. A. Craft
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 3 19

366-204-001-913

PLACE OF BIRTH

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2209 Ellis St.

Hospital St. Alphonsus

Registration District No. 2 File No. 105314

Primary Registration District No. 1004 Registered No. 436

FULL NAME OF CHILD Lowry Elizabeth Jean
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	1 (To be answered only in event of plural births)	Yes	10 4 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lowry John Milton	FULL MAIDEN NAME	Ratcliff Leola
RESIDENCE	2209 Ellis Ave. Boise	RESIDENCE	Boise
COLOR	W AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	South West City, Mo	BIRTHPLACE	Enterprise Ore
OCCUPATION	Yard Man Lumber Co	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9.40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. V. Gemmy
(Physician or midwife)

Address Boise

Filed Oct 14 1922 R. H. Pratt
Registrar

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 0 1970

864-231'001-141

PLACE OF BIRTH

County of Ada

City of Kuna

No. ..... Registration District No. 124 File No. 105315

Hospital ..... Primary Registration District No. 2202 Registered No. 141

RECEIVED OCT 31 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Anna Mae Young.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 31 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lewis Roy Young	FULL MAIDEN NAME	Ethel Delvera Adamson
RESIDENCE	Kuna	RESIDENCE	Kuna
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	H wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr M. S. Fink M.D. M.B.
(Physician or midwife)

Address Nampa

Filed 10-30 1922 W. C. Stearns
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-209001-464

PLACE OF BIRTH

County of Ada

City of Meridian

No. Rt No. 3 St.

Hospital

RECEIVED OCT 31 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 124

File No. 105316

Primary Registration District No. P.V.O.V.

Registered No. 147

FULL NAME OF CHILD Anna Lorraine Pilkinton

Sex of Child girl | Twin, Triplet or other? X | and | Number in order of birth X | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 9 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Jodie Pilkinton	FULL MAIDEN NAME Ruth Douglas
RESIDENCE Meridian Idaho (Rt 3)	RESIDENCE Meridian Ida (Rt 3)
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.35 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Murray M. D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 10-30-1922

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1942

JAN 26 1944

266-116-001-799

PLACE OF BIRTH

amended Dec.

RECEIVED OCT 31 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Kuna

Registration District No. 124 File No. 105317

No. ..... St.

Primary Registration District No. 2202 Registered No. 143

Hospital .....

FULL NAME OF CHILD Shirley Dean Booher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	8 - 16th - 1922

FATHER		MOTHER	
FULL NAME	J. W. Booher	FULL MAIDEN NAME	Lillian Brickett.
RESIDENCE	Kuna Idaho	RESIDENCE	Kuna Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Va	BIRTHPLACE	Mo.
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. Coleman

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kuna Idaho

Filed 10-30, 1922 W. L. Stevens Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. OCT 26 12 15 PM '77
County of ..... }

Certificate No. 105317

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Shirley Dean Booher (Name on Original Certificate) who was born (Was Born or Died) on Aug 16, 1922 (Date of Event)
in Kuna, Idaho (Ada) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
sex of child	male	female

Subscribed and sworn to before me this 19th day of September, 19 77

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed Nancy F Booher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2125 Joretta Dr. Boise Idaho 83704
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 9/8/77 1cc pd rec# 5515

Certificate of birth for PATRICK JOSEPH FINNEGAN, born Feb. 26, 1952, in San Francisco, CA, lists the mother as Shirley Dean Booher. Certificate is dated April 11, 1956
viewed by V.S. December 7, 1977.

DEC 7 1977

Certificate of registry of marriage lists bride as Shirley Booher DeWitt. Marriage on Feb. 10, 1951 in San Francisco, California.
viewed by V.S. December 7, 1977

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Okanogan }

Certificate No. 105317

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Shirley Dean Booher (Name on Original Certificate) who was born (Was Born or Died) on Aug 15, 1922 (Date of Event) in Twisp (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record & personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on Aug 16, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		Shirley Dean Booher
Date	Aug. 15th	Aug. 16, 1922

Subscribed and sworn to before me this 18th day of June, 1942

Notary Public, residing at Omak

My commission expires Feb 2, 1944
(Seal)

Signed x Lillian L. Booher (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Riverside Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Okanogan }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of June, 1942

Notary Public, residing at Omak

My commission expires Feb 2, 1942
(Seal)

Signed J. H. Booher (Father)
(Signature of Any Credible Person Other Than Previous Year)

Riverside Wash
(Street Address, City, State)

JUN 25 1942

JUN 2 9 1942

APR 24 1956

APR 24 1956

356-220-001-369

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 105318
Local Reg. No.
Reg. Dist. No. 124

Amended 6/24/75

1. PLACE OF BIRTH

a. COUNTY: Ada

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kuna

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Ada

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kuna

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Roxie b. (Middle): May c. (Last): Lewis

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	July 20, 1922

FATHER OF CHILD

7. FULL NAME a. (First): Wilton b. (Middle): L. c. (Last): Lewis

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
40 YEARS	North Carolina	Lumberman	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Laura b. (Middle): c. (Last): Cornett

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
39 YEARS	North Carolina	8		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. J. Coleman

18. ATTENDANT AT BIRTH: M.D. ____ X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Kuna, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 10-30-22

22. REGISTRAR'S SIGNATURE: W. L. C. Stevens

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

TIME: 10:40 AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAY 12 12 59 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 105318

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Helen May Lewis (Name on Original Certificate) who was born (Was Born or Died) on July 20, 1922 (Date of Event) in Kuna, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Helen May Lewis	Roxie May Delyea
		To (Roxie May Lewis)

Subscribed and sworn to before me this 7th day of Feb, 1974

John L. Sherry

Notary Public, residing at Medford Oregon

My commission expires .....

(Seal)

Signed Arzella C. Voight

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1008 Mira Mar, Medford, Or.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Lane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of March, 1974

H. Aliene Nixon

Notary Public, residing at First National Bank, Springfield

My commission expires MY COMMISSION EXPIRES APR. 5, 1977

(Seal)

Signed Audie Lewis

(Signature of Any Credible Person)

946 S St. Springfield, Or. 97477

(Street Address, City, State)

FORM DH 60-155 CL 12/11/73

Diploma from Klamath Union High school, Klamath Falls, Oregon gives name as Roxiemae Lewis. May 24, 1940 is the date on the diploma. viewed by V. S.

Elementary School Diploma gives nameas Roxie Lewis. dated May 15, 1936. from Idaho. viewed by V. S.

Marriage certif from Oregon gives names as James Sanford Delyea and Roxie May Lewis dated June 11, 1942. viewed by V. S.

381-225.001-391

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 8 File No. 105319

No. Hilldale School St. Dist

Primary Registration District No. 2008 Registered No. 70

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes.	Oct (Month) 25 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Oscar Arnold Chapman	FULL MAIDEN NAME	Katherine Crawford
RESIDENCE	Hilldale School Dist -	RESIDENCE	Hilldale School Dist -
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32. (Years)	AGE AT LAST BIRTHDAY	19 - (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Ida.
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 — M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address Boise Ida

Filed Oct 31 1922 R. H. Pratt, Registrar

Registrar

Credes Solution used in eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

NOV 13 1922

JAN 17 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number ..... 105319 .....

Registration Dist. No. .....

Sex of Child ..... Female

Date of Birth ..... 192....

Father ..... Mother .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

26K-219-001-113

PLACE OF BIRTH

RECEIVED
NOV 3 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of [redacted] -near Wilson Ida.

Registration District No. 5

File No. 105320

No. Wilson School Dist.

Primary Registration District No. 2008

Registered No. 69

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes.	Oct 19 1922

FATHER	MOTHER
FULL NAME: Harvey R Saunders.	FULL MAIDEN NAME: Hazel B. Jacobs.
RESIDENCE: near Wilson Ida.	RESIDENCE: near Wilson Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Iowa
OCCUPATION: Farmer.	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Fred Boeck

(Physician or midwife)

Address Boise Ida

Filed Oct 31 1922

R. H. Pratt
Registrar

Credes Solution used in eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1922 D 59-107

819-109-001-296

PLACE OF BIRTH

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. R. D. #1 St.

Registration District No. 8

File No. 105321

Hospital _____

Primary Registration District No. 2008

Registered No. 68

FULL NAME OF CHILD Lloyd Peter Harris
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Oct 9 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME James E. Harris	FULL MAIDEN NAME Ora L. Brocel.
RESIDENCE R. D. #1, Eagle, Idaho	RESIDENCE R. D. #1, Eagle, Idaho
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 50 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Braxtan M.D.
(Physician or midwife)

Address Boise, Idaho.

Filed Oct 30 1922 R. H. Pratt
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1 1971

436-103-001-819

PLACE OF BIRTH

RECD NOV 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R. D. 3 St.

Registration District No. 8 File No. 105322

Hospital

Primary Registration District No. 2008 Registered No. 67

FULL NAME OF CHILD Willis McFarland
(Certificate of no value without full name of child.)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Aug. 3 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Donald McFarland	FULL MAIDEN NAME	Clara E. Harms
RESIDENCE	Meridian R.D.3	RESIDENCE	Meridian, R.D.3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Formative (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician (Physician or midwife)

Address Overland Bldg Boise

Filed Oct. 26 1923 R. H. Pratt Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-122-001-414

~~PLACE~~ OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 3 1922
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. R. D. St.

Registration District No. 8 File No. 105323

Hospital

Primary Registration District No. 2008 Registered No. 66

FULL NAME OF CHILD Donald Charles Hamilton
(Certificate of no value without full name of child.)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Sept 22 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Llewellyn Hamilton	FULL MAIDEN NAME	Katerine Maulding
RESIDENCE	Boise, R. D. 1	RESIDENCE	Boise R. D. 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Formalise, at 10:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Overland Bldg. - Boise

Filed Oct 26 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 105323
Date Filed 10-26-22

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Donald John Hamilton born on 9-22-22
(Name on original certificate) (Was born or died) (Date of event)
in Boise Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by Mother prepared on Mar 3, 1941, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Donald John Hamilton	Donald Charles Hamilton

Subscribed and sworn to before me this 3rd
day of November, 19 41
Marian E. Orr
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
[SEAL]

Signed Katherine L Sallenbarger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

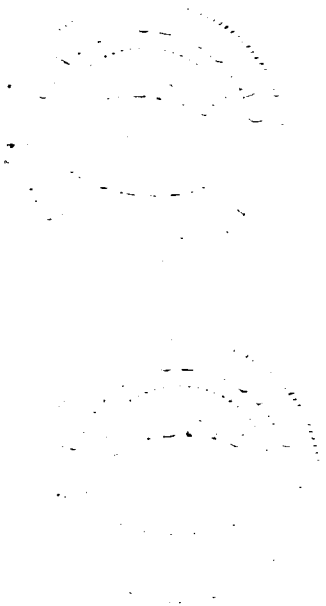
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of November, 19 41
Marian E. Orr
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
[SEAL]

Signed Mrs Hazel Bottwell
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)



NOV 3 1941
RECEIVED

249-217-001-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 3 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105324

County of Ada

City of Boise

No. R.D. 1 St.

Registration District No. 8 File No.

Hospital

Primary Registration District No. 2008 Registered No. 65

FULL NAME OF CHILD Rosalie Marie Smith
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Sept 17 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Arthur H. Smith	FULL MAIDEN NAME	Lulu May Johnson
RESIDENCE	Boise, R.D. 1	RESIDENCE	Boise, R.D. 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Foreman Ware-house	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female, at 4:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Oberland Bldg.-Boise

Filed Oct 26 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-108-001-286

PLACE OF BIRTH

RECEIVED
NOV 3 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R. D. 2 St.

Registration District No. 8 File No. 105325

Hospital

Primary Registration District No. 2008 Registered No. 64

FULL NAME OF CHILD Earl Hill
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug. 8 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	August Hill	FULL MAIDEN NAME	Clara Shock
RESIDENCE	Meridian, R.D. 1	RESIDENCE	Meridian, R.D. 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	56	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Stockman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:40 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Overland Bldg. Boise

Filed Oct 26 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-106-001-291

PLACE OF BIRTH

RECEIVED NOV 1922 VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Barber

No. ..... St.

Registration District No. 8 File No. 105326

Hospital .....

Primary Registration District No. 2008 Registered No. 63

FULL NAME OF CHILD Earl Luke Jenkins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 6 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Isiah C. Jenkins	FULL MAIDEN NAME	Minna Bramfeldt
RESIDENCE	Barber Idaho	RESIDENCE	Barber
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Perrysburg Ohio	BIRTHPLACE	Hamburg Germany
OCCUPATION	Oiler in Saw mill	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French M D

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address 417 Overland Bldg. Boise Ida

Filed Oct 17 1922 R. H. Pratt Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-103-001-315

PLACE OF BIRTH

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105327

County of Ada

City of Barber

No. ..... St.

Registration District No. 8 File No. .....

Hospital .....

Primary Registration District No. 2008 Registered No. 62

FULL NAME OF CHILD Gerald Junior Kinnear
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 3 1922

What bactericidal solution was used in eyes? Argyrol 10% sol.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Mike J Kinnear	FULL MAIDEN NAME	Leona M. Lanctot
RESIDENCE	Duluth Minn.	RESIDENCE	Barber Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Monckland Station, Ontario	BIRTHPLACE	Merrill - Wis.
OCCUPATION	Sawyer -	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. French M.D.

(Physician or midwife)

Address 417 Overland Bldg. Boise Ida.

Filed Oct 17 1922 P. H. Pratt
Registrar.

Give names added from a supplemental report.

..... 192...

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Gem }

Certificate No. #1[illegible]
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or death)
for Gerald J. ~~[illegible]~~ Kinnear (Name on original certificate) who was born (Was born or died) on Aug 3, 1922 (Date of event)
in Barbar, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
~~facts as shown~~ by personal knowledge (Bible record, insurance policy, etc.) ~~prepared on~~ (Give date), ~~are~~:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
~~Gerald J. Kinnear~~	Aug. 2, 1922	Aug. 3, 1922
Date of Birth		

Subscribed and sworn to before me this 25th
day of July, 1944
Thos. J. Gwilliam
Notary Public, residing at Emmett, Idaho
My commission expires Oct. 15, 1944
[SEAL]

Signed Mrs. ~~[illegible]~~ Doris Maurer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Emmett Ida. R. 1
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Gem }

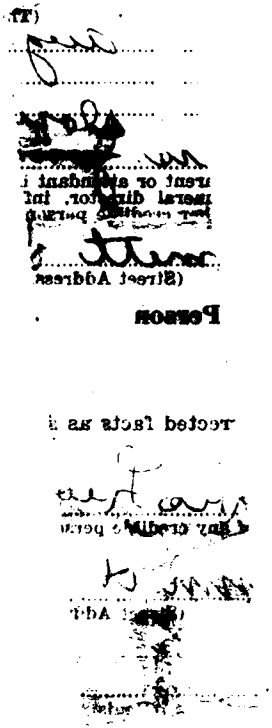
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of July, 1944
Thos. J. Gwilliam
Notary Public, residing at Emmett Idaho
My commission expires Oct. 15, 1944
[SEAL]

Signed Mrs. Leona Kinnear
(Signature of any credible person other than the previous affiant)
Emmett Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

FEB 15 1965



286-228'001-399

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

[redacted] HO
[redacted] TATISTICS
[redacted] BIRTH

County of Ada

City of Boise

R[redacted]

File No. 105328

No. #1 St.

Primary Registration District No. 2008 Registered No. 61

Hospital

FULL NAME OF CHILD Betty Shortridge.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl J. Shortridge	FULL MAIDEN NAME	Lucretia Crittenden Shortridge
RESIDENCE	#1 Boise, Ida.	RESIDENCE	#1 Boise, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	#Idaho	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:55 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Joseph M. Davis
(Physician or midwife)

Given names added from a supplemental report.

____ 19__

Registrar

Address Boise, Idaho.

Filed Oct. 9 1922 R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 9 1942

APR 6 1945

613-225-001-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105330

County of Ada

City of Boise

No. ____ St.

Hospital St. Lukes

Registration District No. 2

Primary Registration District No. 1004

File No. ____

Registered No. 448

FULL NAME OF CHILD Marjory May Walker

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Oct 25 1922

What bactericidal solution was used in eyes? Silver Nit 1% Sol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ray L. Walker	FULL MAIDEN NAME	Evelyn Bell
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	South Dakota	BIRTHPLACE	Neb.
OCCUPATION	Elec. Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. Oct 25-22, at 12:30 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Jos. R. Numbers, Jr.
(Physician or midwife)

Address Boise Idaho

Filed Oct 26 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1942

362-08-001-319

PLACE OF BIRTH

[redacted]

NOV 3 1922

BUREAU OF VITAL STATISTIC

CERTIFICATE OF BIR

105332

County of Ada

City of Boise

No. ..... St.

Registration District No. 2

File No.

Hospital St Lukes

Primary Registration District No. 1004

Registered No. 450

FULL NAME OF CHILD John Largent Cosho

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Oct 8 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harrison D Cosho	FULL MAIDEN NAME	Maude Largent
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ohio	BIRTHPLACE	Montana
OCCUPATION	Mgr. Hotel Bristol	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) H. M. Holverman M.D.
(Physician or midwife)

Address Boise

Filed Oct 31 1922 R. V. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 16 19[redacted]

JUL 3

AUG 2 1 1942

165-112-001-363

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Johns

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 3
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105333

Registration District No. 2

File No. .....

Primary Registration District No. 1004

Registered No. 451

FULL NAME OF CHILD Leslie Raymond Jones

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Sept 12 1922

What bacterioidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Ray Jones	FULL MAIDEN NAME Blanche Cochran
RESIDENCE Star Idaho	RESIDENCE Star Idaho
COLOR W. AGE AT LAST BIRTHDAY 41 (Years)	COLOR W AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... **at** 9.30 A. M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Robinson M.D.

(Physician or ~~midwife~~)

Address .....

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Oct 31 1922 R. N. Peak
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Held for data

9-4-40

365-114-001-152

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 632 S 14-St.

Hospital

Registration District No. 2 File No. 105334

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Robert Harold Loerch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes.	Oct 14 1922

FATHER		MOTHER	
FULL NAME	Geo. H. Loerch	FULL MAIDEN NAME	Dollie Chloe Jessup
RESIDENCE	632 S 14-	RESIDENCE	632 S 14-
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	South Dakota	BIRTHPLACE	Iowa
OCCUPATION	Traveling auditor	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Boise Ida

K

Registrar

Filed Oct 31 1922 R. H. Pratt Registrar

Credes solution used in eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

BUREAU OF VITAL STATISTICS NOV 17 192...

Place of Birth — City: Boise

Street: 632 So. 14 St.

County: .....

File Number: 105334

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Oct. 14 192.2

Father: George Henery Loerch (Full Name)

Mother: Dollie Chloe Jessup (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Harold Loerch

Child's Name in Full

Mrs. Geo. H. Loerch

Signature of Father or Mother

NOV 4 1946

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

213-221-001-562 change in name authorized

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. ..... St. ..... Registration District No. 2 File No. 105335

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 414

FULL NAME OF CHILD Madeline Leonora Ballot

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	Caesarean Section	yes	June 21 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Robert Ballot	FULL MAIDEN NAME	Alma Voss
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	? (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	GERMANY	BIRTHPLACE	Helena Montana
OCCUPATION	Violin maker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla M.D.

(Physician or midwife)

Address Boise Idaho

Filed Oct 14 1922 R. N. Cruck

Registrar.

Give names added from a supplemental report.

....., 19.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 26 1949

2013-221001-5626 Change in name authorized by Robt. Ballot

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105336

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. .....

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 415

FULL NAME OF CHILD ~~Marie Theresa~~ Irma Leona Ballot
(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet~~ or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	Caesarean Section	Yes	June 21 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Robert Ballot	FULL MAIDEN NAME	Alma Voss
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	5	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Germany	BIRTHPLACE	Helena, Montana
OCCUPATION	Violin maker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla
(Physician or midwife)

Address Boise Idaho

Filed Oct 14 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-22-cc1-255

Amended 7-19-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 105337
Local Reg. No. 416
Reg. Dist. No. 2

1. PLACE OF BIRTH

a. COUNTY: Ada

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St. Luke's

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Ada

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise

d. STREET ADDRESS (If rural, give location): RD 2

3. CHILD'S NAME (Type or print)

a. (First): Miriam b. (Middle): Elizabeth c. (Last): Curtis

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	July 21, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): William b. (Middle): E c. (Last): Curtis

8. AGE (At time of this birth)	9. BIRTHPLACE (State of foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
35 YEARS	Canada	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Lillie b. (Middle): M c. (Last): Kendall

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
YEARS	Combourne, Cornwall, Eng.	a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
		0	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: P.P. French, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: 417 Overland Bldg.-Boise, Idaho

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: Oct. 17, 1922

22. REGISTRAR'S SIGNATURE: R.H. Pratt

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

...where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...N OF VITAL STATISTICS, BOISE, IDAHO.

6-25-65

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUL 12 1965
Bureau of Vital Statistics

State of IDAHO
County of ADA } ss.

Certificate No. 105337

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Mariam Elizabeth Curtis (Name on Original Certificate) who was born (Was Born or Died) on July 21, 1922 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Mariam	Miriam

Subscribed and sworn to before me this 7th day of JULY, 19 65

Notary Public, residing at Meridian Idaho

My commission expires Sept 10 1968

(Seal)

Signed Mrs. E. Curtis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 2 - Meridian Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Certificate of Marriage gives name asMiriam Elizabeth Curtis. Married at Community Methodist Church on April 19, April 1957 at Ely, Nevada

Sigurd E. Burch, Jr. Pastor.

Viewed by V. S.

Red Cross card for First Aid course gives name as Miriam Elizabeth Curtis Issued May 19, 1938 Laurella Shelton, R. N. Chapter Representative.

Viewed by V. S.

312-111-001-312

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 105338

No. St.

Hospital St. Lukes

Primary Registration District No. 1004 Registered No. 417

FULL NAME OF CHILD Robert Edwin Castle

Sex of Child Male | Twin Triplet or other? and Number in order of birth 1st (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Sept. (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Herman Castle	FULL MAIDEN NAME	Ruth Maine Castle
RESIDENCE	1400 N 10th Boise Ida.	RESIDENCE	Boise Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	New Jersey	BIRTHPLACE	Iowa
OCCUPATION	Manager Goodrich Rubber Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.19 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Joseph M. Downs

(Physician or midwife)

Given names added from a supplemental report.

____ 19__

Address Boise Idaho.

Filed Oct 14 1922 R. H. Prall

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 20 1942

154-120-001-994

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1316 Vermont

Registration District No. 2 File No. 105339

Primary Registration District No. 1004 Registered No. 418

Hospital

FULL NAME OF CHILD Lawrence Thos Andrews.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	Sept (Month) 20 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Edw. Thos Andrews	FULL MAIDEN NAME	Emma L Zimmer
RESIDENCE	1316 Vermont	RESIDENCE	1316 Vermont.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	DeLamar Idaho.	BIRTHPLACE	Des Moines Iowa.
OCCUPATION	Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) [signature]

(Physician ~~or midwife~~)

Address Boise Ida

Filed Oct 14 1922 R. H. Pratt Registrar

Registrar

Credes Solution used in eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1945

NOV 12 1944

349-122-00-593

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. 105340

Hospital St Lukes Primary Registration District No. 1004 Registered No. 419

FULL NAME OF CHILD Robert Glen Curtis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 22 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Stanley A Curtis	FULL MAIDEN NAME	Irma Eichelberger
RESIDENCE	Boise R D 2	RESIDENCE	Boise R D 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Meridian Idaho	BIRTHPLACE	Boise Idaho
OCCUPATION	Contractor	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 A M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French M. D.
(Physician or midwife)

Address 417 Overland Bldg Boise Ida

Filed Oct 17 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1949

SEP 4 1962

APR 24 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
259-122-001-355
County of Ada
City of Boise
No. ..... St. .....
Hospital St Alphonsus

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105341

Registration District No. 2 File No. .....
Primary Registration District No. 1004 Registered No. 420

FULL NAME OF CHILD PAUL Arthur Knight
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Sept. 22, 1922

What bactericidal solution was used in eyes? Argyrol 1% Sol

Number of child of this mother, including present birth .....
Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Brown C. Knight	FULL MAIDEN NAME	Mary Wheelan
RESIDENCE	Caldwell, Ida.	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Moving Pict Op.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Sept. 22, at 11 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Nuckolls, M.D.
(Physician or midwife)
Address Boise, Idaho

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

Filed Oct. 14 1922 R. N. Rust
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 105341

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Arthur Knight (Name on Original Certificate) who was born (Was Born or Died) on Sept. 22, 1922 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on October 9, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Arthur	Paul Arthur Knight

Subscribed and sworn to before me this 25th
day of June, 1942

Notary Public, residing at Caldwell Ida

My commission expires 5/19/45
(Seal)

Signed Mrs. G. C. Knight
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of County }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of June, 1942

Notary Public, residing at Caldwell Ida

My commission expires 5/19/45
(Seal)

Signed Josephine Brush
(Signature of Any Credible Person Other Than Previous Year)

Caldwell Idaho
(Street Address, City, State)

JUN 26 1942

AUG 6 1942

JUN 30 1942

FEB 14 1948

342-122-001-416

PLACE OF BIRTH

[redacted] ELFARE ICS

County of Ada

City of Boise

CERTIFICATE OF BIRTH 105342

No. ____ St. Registration District No. 2 File No. ____

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 421

FULL NAME OF CHILD ~~Rotary Hall~~ Cushman David Dawson

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Sept 22 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Willis C. Cushman	FULL MAIDEN NAME	Bernice Dawson
RESIDENCE	Boise. Ida	RESIDENCE	Boise Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Sept 22, at 4:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R Numbers Jr.

(Physician or midwife)

Address Boise, Idaho.

Give names added from a supplemental report.

....., 19.....

Filed Oct 14 1922 R. A. Rudd

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1958

168-226-001-515

PLACE OF BIRTH

RECEIVED NOV 3 19.. BUREAU ST.

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 105343

Registered No. 422

Full Name of Child Virginia Johnson

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 9 (Month) 26 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Elmer C. Johnson	FULL MAIDEN NAME Josephine Vanderwende
RESIDENCE 1501 Highland St, Boise, Ida	RESIDENCE 1501 Highland St, Boise, Ida.
COLOR White — AGE AT LAST BIRTHDAY 25 (Years)	COLOR White — AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Boise, Idaho.	BIRTHPLACE New Jersey
OCCUPATION Sheet-metal Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill a. B.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise, Idaho

Filed Oct 14 1922 R. H. Pratt Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669-227-001-669

PLACE OF BIRTH

RECEIVED
NOV 3 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. 1617 Y 24 St.
Registration District No. 2
Primary Registration District No. 1004
File No. 105344
Registered No. 423
Hospital The Salvation Army Maternity Home

FULL NAME OF CHILD Cora Marie Forbes
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			No	Sept. 27 1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Carl Walker.	FULL MAIDEN NAME	Pearl Forbes
RESIDENCE	Amherst Neb.	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Nebraska	BIRTHPLACE	Kearney Neb
OCCUPATION	Planer Miller	OCCUPATION	Waitress

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe B Ward
Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Oct 14 1922

R. N. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613 228 00-689

REC
NOV 3
BUREA
ST

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 617 1/2 So 13 St.

Hospital

Registration District No. 2

File No. 105345

Primary Registration District No. 1004

Registered No. 424

FULL NAME OF CHILD Lucy Alberta Fackrell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Fackrell	FULL MAIDEN NAME	Allice Bertha White
RESIDENCE	617 1/2 So 13	RESIDENCE	617 1/2 So 13
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ordinville Utah	BIRTHPLACE	Sego Kansas
OCCUPATION	Labarer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. N. Hardy

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Ida

Filed Oct 14 1922 R. W. Pratt

Registrar

Registrar

433-129-00-385

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 105346

No. ____ St.

Hospital St Alphonsus

Primary Registration District No. 1004

Registered No. 425

FULL NAME OF CHILD Ralph Carter McColm, Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	9-29-1922

FATHER		MOTHER	
FULL NAME	Ralph Carter McColm	FULL MAIDEN NAME	Edyth Lynde
RESIDENCE	R. 4 Kuna, Idaho	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

(Signature) M. H. Gallerman

Physician (Physician or midwife)

Address Boise, Idaho

Filed Oct 14 19 22

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 19

555-229-001-463

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 105347

No. St.

Primary Registration District No. 1004 Registered No. 426

Hospital St Lukes

FULL NAME OF CHILD GLORIA JAUNETA Neeley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept. 29, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jess Samuel Neeley	FULL MAIDEN NAME	Grace Thelma Dotson
RESIDENCE	1515 Alturas - Boise Ida	RESIDENCE	1518 Alturas - Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:15 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Joseph M Davies

(Physician or midwife)

Given names added from a supplemental report.

____ 19__

Registrar

Address Boise, Idaho

Filed Oct 14 1922 R. H. Pratt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Grays Harbor }

Certificate No. 105347

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Gloria Jauneta Neeley (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Sept. 19-1922 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Jeanette Neeley	Gloria Jauneta Neeley

Subscribed and sworn to before me this 3rd
day of April 1942.
Luther Kelly.
Notary Public, residing at Aberdeen Wash
My commission expires Feb. 1943.
(SEAL)

Signed J. S. Neeley (Father)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
2403 Sumpter Aberdeen Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED, (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

APR 9 1942

434-129-001-466

PLACE OF BIRTH

RECEIVED
NOV 3 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 317 Bannock St.

Registration District No. 2

File No. 105348

Hospital

Primary Registration District No. 1004

Registered No. 427

FULL NAME OF CHILD Dewey Glen McDonald
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 29 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth..... Number of child of this mother now living, including present birth.....

FATHER		MOTHER	
FULL NAME	Robert Hugh McDonald	FULL MAIDEN NAME	Ethel Mowbray
RESIDENCE	317 Bannock St	RESIDENCE	317 Bannock St
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Valley Idaho	BIRTHPLACE	Mt. Home Idaho
OCCUPATION	Salesman	OCCUPATION	Home Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Anderson
(Physician or midwife)

Address 717-18 Idaho Bldg Boise

Filed Dec 14 1922

Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

F-50-1

955-130-001-735

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 3 1922
BUREAU

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. 105349

Hospital St. Lukes Primary Registration District No. 1004 Registered No. 428

FULL NAME OF CHILD Philip Edward Reed
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept (Day) 30 (Year) 1922
Male		yes	

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frank A Reed	FULL MAIDEN NAME	Ethel Glenn
RESIDENCE	Boise RD 1	RESIDENCE	Boise RD 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	England	BIRTHPLACE	Boise RD 4
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. French M.D.
(Physician or midwife)

Address 417 Overland Bldg. Boise Idaho

Filed Oct 17 1922 R. H. Pratt
Registrar.

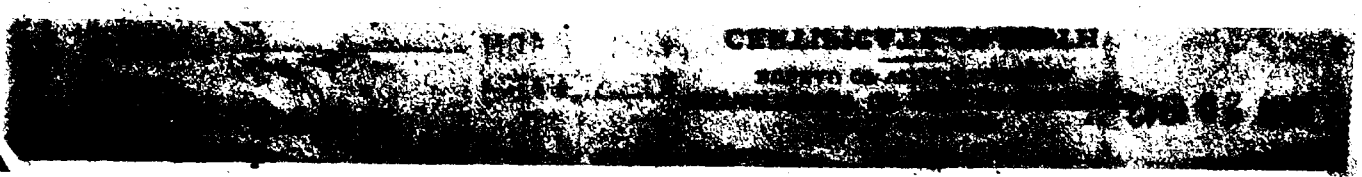
Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



445-638-096-664

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St. ..... Registration District No. 2 File No. 105350

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 429

FULL NAME OF CHILD William Bruce Duncan,
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Sept. 30, 192 2

What bactericidal solution was used in eyes? Sil. Nit. 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Edgar B. Duncan	FULL MAIDEN NAME Laura Foulds
RESIDENCE Boise, Idaho	RESIDENCE Boise, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Iowa
OCCUPATION University Extension Work	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Sept. 30, at 5 P. M. (Born alive or [illegible]) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers, Jr.
(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 19.....

Filed Oct 14 192 2 R. V. Pratt
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1967

OCT 2 0 1942

JAN 30 1967

466-230-001-866

PLACE OF BIRTH

RECEIVED NOV 3 19.. BUREAU ... STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. 2 File No. 105351

Primary Registration District No. 1004 Registered No. 430

FULL NAME OF CHILD Virginia Grace Moore

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Sept (Month) 30 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	George E Moore	FULL MAIDEN NAME	Rachel E. Howard
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Neb.
OCCUPATION	Common Labor	OCCUPATION	H Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C G Armstrong

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19..

Registrar

Address 414 Overland Bldg Boise

Filed Oct 23 1922

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

MAR 6 1972

PLAC[redacted]

957-20[redacted]003-6[redacted]3

County of [redacted]

City of Pocatello

No. 537 W. Hayden

Hospital ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105352

Registration District No. 28 File No. 81

Primary Registration District No. 2161 Registered No. 4582

FULL NAME OF CHILD Enid Marie Ingelstrom
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	9 - 9 1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Eli F. Inglestrom	FULL MAIDEN NAME	Lenore Foley
RESIDENCE	537 W. Hayden	RESIDENCE	Same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Groceryman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7:30 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Ray MD
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello Ida

Filed 10/1 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JA[illegible]

Boise, Idaho, ... JUL 13 1922 ..192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Pocatello
- Street: 535 W. Hayden
- County: Bannock

File Number: 105352

Registration Dist. No. .....

Date of Birth: Sept 9th 1922

Sex of Child: Female

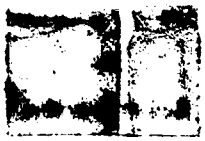
Father: Eli Forian Ingelstrom (Full Name)

Mother: Lenore Celia Foley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Enid Marie Ingelstrom
Child's Name in Full

Lenore Ingelstrom
Signature of Father or Mother



SEP 24 1974

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

896-109-003-213

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. ..... St. .....
Hospital St. Anthonys
Registration District No. 28
Primary Registration District No. 2161
File No. 105353
Registered No. 4583

FULL NAME OF CHILD Charles Stronck
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2d	Yes	9/9/22 192

What bactericidal solution was used in eyes? Silver Nitrate 1% sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Frank Edward Stronck	FULL MAIDEN NAME	Josephine Kalasaka
RESIDENCE	323 North Eight	RESIDENCE	323 North Eight
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Chicago Ill.	BIRTHPLACE	Plattsmouth Nebr.
OCCUPATION	Boiler maker O.S.L.	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Dr. Asa M. Newton
(Physician or midwife)

Address Pocatello

Filed 10/1 1922 J. H. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 26 1958

431-210-003-234

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105354

County of Bannock

City of Pocatello

No. 331 So. Arthur St.

Registration District No. 28

File No. 89

Hospital General

Primary Registration District No. 2161

Registered No. 4584

FULL NAME OF CHILD Olive McArdle
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—		—	Yes	9-10 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO_3 - 1%.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Henry J. McArdle	FULL MAIDEN NAME	Elsie M. Scullen
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Pittsburgh Pa.	BIRTHPLACE	St. Paul Minn.
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Pocatello Idaho

Filed 10/1 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 27 1943

815-11-803-418

PLACE OF BIRTH

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105355

Names changed pursuant court order Mar. 21, 1986 fc

County of Bannock

City of Pocatello

Certificate amended 4-3-86 fc

No. ____ St.

Registration District No. 28 File No. 81

Hospital General

Primary Registration District No. 216 Registered No. 4585

FULL NAME OF CHILD ~~Beatrice Erma~~ EDNA Hansen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	7-11-1922

What bactericidal solution was used in eyes? Arg. nit. 1%.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	~~Ezra~~ Leo Hansen	~~Edith~~ MacFarlane
FULL MAIDEN NAME		
RESIDENCE	Pocatello.	Pocatello.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Utah	Pa.
OCCUPATION	Auto mechanic	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Registrar.

(Signature) [signature]

(Physician or midwife)

Address Pocatello.

Filed 10/4 1922 [signature]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1967

JOHN SPENCER SNOW - No. 3026
SNOW & HALLIDAY
Attorneys at Law
261 East 300 South
Salt Lake City, UT 84111
Telephone: (801) 364-4940

IN THE SECOND JUDICIAL DISTRICT COURT OF DAVIS COUNTY

STATE OF UTAH

In the matter of:	)	
	)	ORDER
BEATRICE MARION HANSEN,	)	
	)	
Petitioner.	)	Case No. 38866
	)	

The Petition for Change of Name in the above-entitled action came on regularly for hearing before the Honorable Rodney Page, Judge Presiding, in his courtroom located in the Davis County Courthouse in Farmington, Utah on Thursday, the 6th day of March, 1986, at the hour of 9:30 a.m. The petitioner was sworn and testified. The above-entitled court, having reviewed the pleadings on file and having heard the testimony of the petitioner, and having entered its Findings of Fact and Conclusions of Law, and good cause appearing therein,

IT IS HEREBY ORDERED as follows:

1. The petitioner is hereby granted a change of name on her birth certificate issued from the Bureau of Vital Statistics for and on behalf of the State of Idaho wherein

JUN 10 1986

her name upon the said birth certificate is to be changed from Beatrice Marion Hansen to Beatrice Edna Hansen.

2. The birth certificate is to be further corrected to state the name of her natural father as Ezra Leo Hansen.

3. It is further ordered that the birth certificate is to be further corrected to reflect that the name of her natural mother is Edith MacFarlane.

4. The Bureau of Vital Statistics, Department of Public Health, State of Idaho is grant the Application for Amendment of Birth Record of the petitioner to reflect the above court ordered changes upon the face of her birth certificate.

Dated this 21st day of March, 1986.

BY THE COURT:

/s/ Rodney S. Page
RODNEY PAGE
Honorable District Judge

STATE OF UTAH)
COUNTY OF DAVIS)ss
I THE UNDERSIGNED, CLERK OF THE DISTRICT COURT OF DAVIS COUNTY, UTAH DO HEREBY CERTIFY THAT THE ANNEXED AND FOREGOING IS A TRUE AND FULL COPY OF AN ORIGINAL DOCUMENT ON FILE IN MY OFFICE AS SUCH CLERK.
WITNESS MY HAND SEAL OF SAID OFFICE
THIS 21 DAY March 1986
MICHAEL G. ALLPHIN, CLERK
BY Pamela Munson

MAY 5 1986

219-212-003-263

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 105356

Hospital Poca Gen

Primary Registration District No. 2161 Registered No. 4584

FULL NAME OF CHILD Wanda B. Bailey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		yes	9-12-1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Lorin H. Bailey	FULL MAIDEN NAME	Clarabell Bolingbroke
RESIDENCE	600 So Main	RESIDENCE	same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 8 M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Ray MD
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 1/4 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

714-113-803-655

County of Bannock

City of Lava Hot Springs

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105357

OCT 21 1922
BUREAU OF VITAL STATISTICS

Registration District No. 28 File No. 8

Primary Registration District No. 2161 Registered No. 4587

FULL NAME OF CHILD Donald Merle Gamble
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	9 — 13 — 1922

What bactericidal solution was used in eyes? Argyrol 15%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl E. Gamble	Ellen E Weeks
RESIDENCE	R. F. D. 1	Lava Route 1
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	31
BIRTHPLACE	Neb	Ida
OCCUPATION	Farmer & Carpenter	House wife & Dressmaker

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 10 A M. on the date above stated.

(Signature) T. Wigleworth M.D.
(Physician or midwife)

Address Lava Hot Springs Ida

Filed 10/1 1922 W. Young
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

SEV... A CERTIFICATE OF
BE FILED FOR EACH CHILD . THE SAME COMPLETED

- - - - - - - - - - -

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number 105357

Registration Dist. No. .....

Sex of Child Male

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

242-114-008-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 21 1922

CERTIFICATE OF BIRTH 105358

County of Ban[illegible]

City of Pocatel[illegible] Registration District No. [illegible] No. 81

No. 351 N. Buchanan St.

Hospital General Primary Registration District No. 2161 Registered No. 4488

FULL NAME OF CHILD Harold Lydus H. Buss, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept. 14th 1922

What bactericidal solution was used in eyes? 1% Ag No. 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER

FULL NAME: Lydus H. Buss

RESIDENCE: 351 N. Buchanan

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Minneapolis, Minn

OCCUPATION: Merchant

MOTHER

FULL MAIDEN NAME: Ruth Davis

RESIDENCE: 351 N. Buchanan

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Frontier, Wyoming

OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:37 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W. J. Howard M.D.
(Physician or midwife)

Address Pocatello, Idaho.

Filed 12/1 192[illegible] M Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/13/41/ EA

553-214-003-789

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105359

County of Bannock

City of Pocatello

No. 825 W. Lewis St.

Registration District No. 28 File No. 81

Hospital General

Primary Registration District No. 2161 Registered No. 4589

FULL NAME OF CHILD Ruth Marion Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	–		–	Yes	9-14-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Samuel S. Nelson	FULL MAIDEN NAME	Myrtle Phillips
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Train Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 1/1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 1 1 1969

437-115-003-599

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. 946 W. Wyeth St.

Hospital

OCT 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105360

Registration District No. 28 File No. 81

Primary Registration District No. 2161 Registered No. 4590

FULL NAME OF CHILD Robert ~~Keith~~ McPherson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept. 15 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Colin C. McPherson	FULL MAIDEN NAME	Alice Erickson
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Montreal Canada	BIRTHPLACE	Provo Utah
OCCUPATION	Clothing Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Madden

Physician
(Physician or midwife)

Address 312 Carlson Bldg.

Filed 10/1 1922 J. R. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-218-003-572

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105361

County of Bannock

City of Pocatello

No. 132 No Grant St. Registration District No. 28 File No. 81

Hospital — Primary Registration District No. 261 Registered No. 4391

FULL NAME OF CHILD Barbara Jenkins

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		yes	9-18-22

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Edward T. Jenkins	FULL MAIDEN NAME	Ina Egbert
RESIDENCE	132 No Grant	RESIDENCE	same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Kay MD

(Physician ~~or midwife~~)

Address Pocatello

Filed 10/1 1922 J. H. Young Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 29 19[redacted]

234-118-003-559

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105362

County of Bannock

City of Pocatello

No. 1452 No Main St.

Registration District No. 28

File No. 87

Hospital

Primary Registration District No. 2161

Registered No. 4592

FULL NAME OF CHILD LeRoy Dover Stuart

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	9/18 1922

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ernest Albert Stuart	FULL MAIDEN NAME	Elsa Etta Verley
RESIDENCE	Pocatello, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	American Fork, Utah	BIRTHPLACE	Pocatello, Idaho.
OCCUPATION	Grocer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello Ida

Filed 10/1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 1 1967

133-118-003-281

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. ✓ St.

Hospital Poca General

CERTIFICATE OF BIRTH 105363

Registration District No. 28 File No. 81

Primary Registration District No. 2161 Registered No. 4193

FULL NAME OF CHILD Roy Vernon Allsop
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	9-18-1922

What bactericidal solution was used in eyes? 10 o/o Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Percy V. Allsop	FULL MAIDEN NAME	Gladys L. Sharpe
RESIDENCE	407 No Garfield	RESIDENCE	same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	England	BIRTHPLACE	Michigan
OCCUPATION	Shoe dealer	OCCUPATION	School Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 11:15 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Ray M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 10/1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 10 1964

JUL 14 1942

JUN 24 1942

415-218-003-112

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

OCT 21 1922

BUREAU OF VITAL STATISTICS

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

1/4 mile west of Ft. Hall Idaho

City of

Registration District No.

File No. 105364

No. , St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Annie Tsuruye Maeda

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 18 1922

FATHER	MOTHER
FULL NAME: Masaji Maeda	FULL MAIDEN NAME: Matsuyo Takusagawa
RESIDENCE: Ft. Hall Ind. Reservation	RESIDENCE: Ft. Hall Ind. Reservation
COLOR: Yellow	COLOR: Yellow
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Japan	BIRTHPLACE: Japan
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3d

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

No doctor attending

I hereby certify that I attended the birth of this child, who was born alive at 5 a. M. on the date above stated.

(Born alive or stillborn)

*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Henry R. Wheeler

Physician

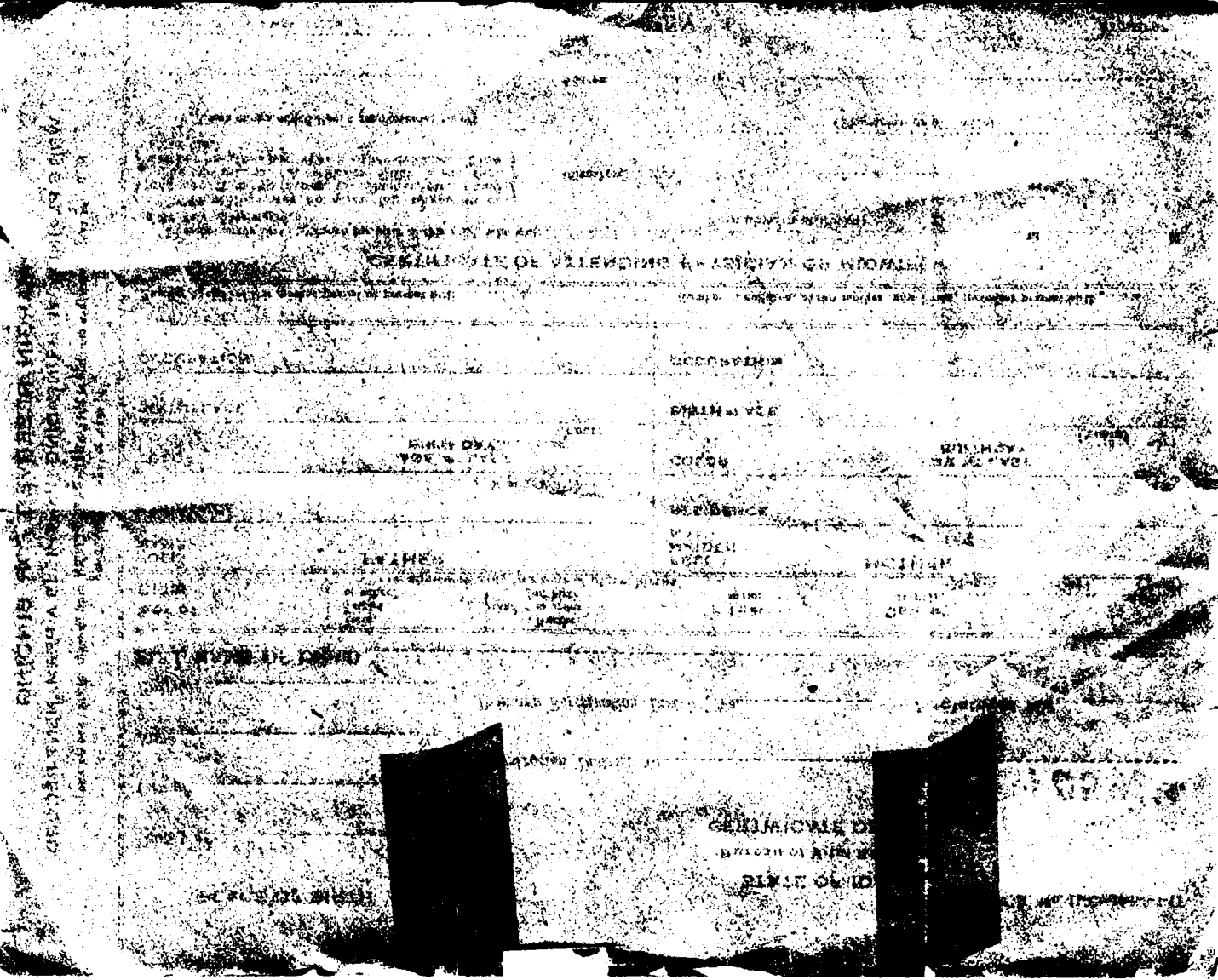
(Physician or Midwife)

Address Fort Hall Idaho

Filed 10/1 19 22

J. H. Young
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



966-220-003-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of McCammon

No. ..... St.

Hospital .....

OCT 21 1922

BUREAU OF VITAL

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

105365

Registration District No. 28

File No. 82

Primary Registration District No. 2161

Registered No. 4595

FULL NAME OF CHILD Lois Elaine Rowe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 20, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Truman Earl Rowe	FULL MAIDEN NAME	Elna Gertrude Green
RESIDENCE	McCammon, Idaho	RESIDENCE	McCammon, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	McCammon, Idaho.	BIRTHPLACE	Anaconda, Mont.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive - Sept. 20, 1922 at 11.15 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M. Waste M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address McCammon, Idaho

Registrar

Filed 10/1 1922 J. R. Young Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC W[illegible]E

Boise, Idaho, NOV. 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: McCammon

Street: East Street

County: Bannock

File Number: 105365

Registration Dist. No.:

Date of Birth: Sept 20 192 2

Sex of Child: Female

Father: Truman Earl Rowe (Full Name)

Mother: Eleanor Gertrude Green (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lois Eldene Rowe

Child's Name in Full

Truman Earl Rowe

Signature of Father or Mother

BUREAU OF VITAL STATISTICS 1922

MAR 22 1961

319-12-003-455

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 21 1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105386

County of Bannock

City of Lava Hot Springs

No. ____ St. Registration District No. 28 File No. 82

Hospital ____ Primary Registration District No. 2161 Registered No. 4596

FULL NAME OF CHILD KENNETH WILLIAM CAIN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	9 21 1922

What bactericidal solution was used in eyes? Argenol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	William Henry Cain	FULL MAIDEN NAME	Ethel Emma Dennis
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Winston

Physician
(Physician or midwife)

Address Lava Hot Springs

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 10/1 1922 J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 20 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Whitman } ss.

Certificate No. 108366

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Cain (Name on Original Certificate) who Was born (Was Born or Died) on Sept. 21. 1922 (Date of Event)
in Hot Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Oct. 3. 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name Kenneth William Cain	unnamed Cain	Kenneth William Cain

Subscribed and sworn to before me this 18th
day of February, 1942

Georgia D. Woodyard
Notary Public, residing at La Crosse Wash.
My commission expires April, 10. 1942
(Seal)

Signed Mrs Ettie Cain Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

La Crosse, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Whitman } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that She has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th
day of February, 1942

Georgia D. Woodyard
Notary Public, residing at La Crosse
My commission expires April. 10. 1942
(Seal)

Signed Mrs Ettie Cain
(Signature of Any Credible Person Other Than Previous Year)

La Crosse, Washington
(Street Address, City, State)

FEB 28 1942

JAN 1 1963

235-22[illegible]-003-523

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 616 No Garfield

Registration District No. 28 File No. 8 105367

Hospital ✓ Primary Registration District No. 2161 Registered No. 4597

FULL NAME OF CHILD Harriet Steffens
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		yes	9-22-1922

What bactericidal solution was used in eyes? 10 % Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Pete H. Steffens	FULL MAIDEN NAME	Harriet Maud Esler
RESIDENCE	616 No Garfield	RESIDENCE	same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	R. R. Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Boy MD
(Physician ~~or midwife~~)

Address Pocatello

Filed 10/1 1922 J. H. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 12 1966

553-224-003-311

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105368

County of Bannock

City of Pocatello

Registration District No. 28

File No. 82

No. ..... St.

Primary Registration District No. 241

Registered No. 4598

Hospital .....

FULL NAME OF CHILD Margorie Virginia Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Fem			Yes	Sept	24	1922

FATHER		MOTHER	
FULL NAME	Mr Alex R. Nelson	FULL MAIDEN NAME	Mrs. A. V. Laakso.
RESIDENCE	815 E Clark St. Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ogden Utah.	COLOR	White
OCCUPATION	Patrolman	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Finland.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10.45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted]

(Physician or midwife)

Given names added from a supplemental report. ..... 19.....

Address Pocatello

Filed 10/1 19 2

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1949

365-225-003-485

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. ..... St.

Hospital Funeral

CERTIFICATE OF BIRTH 105369

Registration District No. 28 File No. 82

Primary Registration District No. 2141 Registered No. 4499

FULL NAME OF CHILD LELA Mildred Foveland
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Sept 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Cyril Foveland	FULL MAIDEN NAME	Elizabeth Myers
RESIDENCE	236 W. Young Pocatello	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Chesterfield Idaho	BIRTHPLACE	Arimo Idaho
OCCUPATION	R.R. Shorekeeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Madden
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 312 Carlson Bldg

Filed 10/1 1922 J. R. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 105369

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mildred Loveland (Name on Original Certificate) who was born (Was Born or Died) on Sept. 25, 1922 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on July 7, 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mildred	Lela Mildred Loveland

Subscribed and sworn to before me this 4th
day of September, 1943

W. J. Mullen
Notary Public, residing at Pocatello

My commission expires March 1 1947
(Seal)

Signed Elizabeth A. Loveland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1137 E. Lewis
Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of September, 1943

W. J. Mullen
Notary Public, residing at Pocatello Idaho

My commission expires March 1 1947
(Seal)

Signed E. D. Connelly
(Signature of Any Credible Person Other Than Previous Year)

528 West Fremont St
(Street Address, City, State)
Pocatello Ida

SEP 10 1945

619-226-803-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105370

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

County of Bannock
City of Pocatello
No. 1786 Taft St. District No. 28 File No. 82
Hospital Primary Registration District No. 216 Registered No. 4600

FULL NAME OF CHILD Shirley Warning
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (1922)
fe		yes	9 - 26

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Warning	FULL MAIDEN NAME	Pearl Jenkins
RESIDENCE	1786 Taft Ave	RESIDENCE	same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ida	BIRTHPLACE	Idaho
OCCUPATION	R R Fireman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive ~~or stillborn~~ at 9:10 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) D C Kay M D
(Physician ~~or midwife~~)

Address Pocatello Ida

Filed 10/1 1922 R Fanning
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 1 ? 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Street: 508 W Carson

County: Bannock

File Number: 105370

Registration Dist. No.: 6

Date of Birth: Sept 26. 192?

Sex of Child: Female

Father: John Warning (Full Name)

Mother: Paul E. Jenkins (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Shirley Warning

Child's Name in Full

Mrs John Warning

Signature of Father or Mother

638-229.003-849

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello, Ida[illegible] BUREAU OF VITAL STATISTICS

No. ~~Twin Falls, Idaho~~ St. Registration District No. 28 File No. 805371

Hospital St. Anthony's Primary Registration District No. 2161 Registered No. 4601

FULL NAME OF CHILD Mary Flynn
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 28th 1922

What bactericidal solution was used in eyes? 1% Ag No3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Andrew Thomas Flynn	FULL MAIDEN NAME	Anna Maude Hurelee
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Not Reported	BIRTHPLACE	Canada.
OCCUPATION	Farmer	OCCUPATION	Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) W. J. Howard M.D.
(Physician or midwife)

Address Pocatello, Idaho.

Filed 10/1 1922 J. H. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-229-003-652

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105372

County of Bannock

City of Pocatello

Registration District No. 28 File No. 82

No. 1053 N 9 ave St.

Primary Registration District No. 2161 Registered No. 4602

Hospital General

FULL NAME OF CHILD Pearl Elizabeth Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes.	Sept 29 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph F. Hansen	FULL MAIDEN NAME	Pearl M. Westervelt
RESIDENCE	Pocatello Ida.	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Ut.	BIRTHPLACE	Pa.
OCCUPATION	Switchman	OCCUPATION	hwf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 24 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young
Phys
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Pocatello Ida

Filed 10/1 1922

J R Young
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-129-003-381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. 1058 N. Lincoln

OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105373

Registration District No. 28

File No. 82

Hospital ?

Primary Registration District No. 2161

Registered No. 4603

FULL NAME OF CHILD James Louis Haxton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 29 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James C. Haxton	FULL MAIDEN NAME	Annie R. Chase
RESIDENCE	1058 N. Lincoln Pocatello	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	San Francisco Cal.	BIRTHPLACE	Orange Mass.
OCCUPATION	R.R. Watchman	OCCUPATION	Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 40 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W. D. Shadden M.D.
Physician
(Physician or midwife)

Address 312 Carlson Bldg Pocatello

Filed 10/1 1922 J.H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep. of 1922 - 156582

613-230-003-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

105374

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello, Idaho.

No. 340 No. 9th St.

Registration District No. 28 File No. 82

Hospital

Primary Registration District No. 214 Registered No. 4604

FULL NAME OF CHILD Faye Sarah Waldram
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 30th 1922

What bactericidal solution was used in eyes? 1% Ag No3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Albert William Waldram	FULL MAIDEN NAME: Mary Estelle Nelson
RESIDENCE: 340 No. 9th	RESIDENCE: 340 No. 9th
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Rexburg, Idaho.	BIRTHPLACE: Blackfoot, Idaho
OCCUPATION: Passenger Brakeman	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.
(Physician or midwife)

Address Pocatello, Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 10/1 1922 J. H. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1 1970

261-230-003-653

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105375

County of Bannock

City of Pocatello,

No. 627 So. Main St.

Hospital Residence

Registration District No. 28 File No. 82

Primary Registration District No. 2161 Registered No. 4605

FULL NAME OF CHILD Mary Swank,

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept. 30, 1922

FATHER		MOTHER	
FULL NAME	Wm. Clay Swank,	FULL MAIDEN NAME	Margaret Olive Wetherell
RESIDENCE	627 South Main, Pocatello	RESIDENCE	627 So. Main St., Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Udell, Iowa.	BIRTHPLACE	Skelton, England.
OCCUPATION	Bookkeeper	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:50 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. M. Newton

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Pocatello

Filed 10/1 1922

J. R. Young Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1942

255-130-0 3-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105376

County of Bannock
City of Pocatello
No. ____ St.
Hospital

Registration District No. 28 File No. 82
Primary Registration District No. 2161 Registered No. 4606

FULL NAME OF CHILD Harry Francis Keefe
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	9-30-192[illegible]

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry Francis Keefe	FULL MAIDEN NAME	Mary Elizabeth Garvin
RESIDENCE	Pocatello, Idaho	RESIDENCE	same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Pocatello Idaho	BIRTHPLACE	Seattle, Wash
OCCUPATION	R. R. O.S.L. Car Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 5 a M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Young
(Physician or ~~midwife~~)

Address Pocatello Ida

Give names added from a supplemental report.

....., 19.....

K.....
Registrar.

Filed 10/1 192[illegible] J. M. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ATTA

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

NOV 13 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the ... sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello, Idaho

Street: St. Anthonys Hospital 155 No. 9th Avenue

County: Bannock

File Number: 105376

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: September 30 1922

Father: Harry Francis Keefe (Full Name)

Mother: Mary Elizabeth Garvin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Harry Francis Keefe, Junior

Child's Name in Full

Mrs. Mary F. Keefe

Signature of Father or Mother

231-203.00

PLACE OF B[redacted]

County of Ba[redacted] 05377

City of Po[redacted] 81

No. 803 No[redacted] St.

Hospital General Primary Registration District No. 2161 Registered No. 4555

FULL NAME OF CHILD Shirley Ellen Blackmer

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		—	Yes	8 - 3 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO_3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lee Allen Blackmer	FULL MAIDEN NAME	Eva Fuells Heaps
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ut	BIRTHPLACE	Utah
OCCUPATION	Auditor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Roberts

Physician

(Physician or midwife)

Address Pocatello

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

Filed 10/1 1922 [signature]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

867-111-003-954

PLACE OF BIRTH

RECEIVED OCT 27 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105378

County of Bannock

City of Pocatello

No. 709 So 4th St. Registration District No. 28 File No. 81

Hospital — Primary Registration District No. 461 Registered No. 4557

FULL NAME OF CHILD JAYSON CLOYD Holladay
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	8-11-192[illegible]

What bactericidal solution was used in eyes? 10% Sol Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Norman Cloyd Holladay	FULL MAIDEN NAME Verna Edmunds Reddick
RESIDENCE 709 So 4th	RESIDENCE same
COLOR wht AGE AT LAST BIRTHDAY 26 (Years)	COLOR wht AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Traveling Salesman	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~(or stillborn)~~) at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J C Ray M D
(Physician or ~~midwife~~)

Address Pocatello Ida

Filed 10/1 1922 J H Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 105378
Date Filed 10/1 1942

The undersigned does solemnly swear that certain facts on the certificate of 105378 (Birth or death)
for ____ (Name on original certificate) who ____ (Was born or died) on ____ (Date of event)
in ____ (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ____ (Bible record, insurance policy, etc.) prepared on ____ (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Holliday	Holladay
Name	Dale Clyde	Jayson Cloyd

Subscribed and sworn to before me this 27th day of December, 1944.
Jessie A. Rice
Notary Public, residing at Pocatello Idaho
My commission expires June 25, 1945
[SEAL]

Signed Norman Lloyd Holladay
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)
631 So 9th Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of December, 1944.
Jessie A. Rice
Notary Public, residing at Pocatello Idaho
My commission expires June 25, 1945
[SEAL]

Signed Verna R. Holladay
(Signature of any credible person other than the previous affiant.)
631 So 9th Pocatello Idaho
(Street Address, City, State)

Received for filing on ____ By ____
(Registrar's signature)

314-213-003-691

PLACE OF BIRTH

RECEIVED
OCT 31 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105379

County of Bannock
City of Pocatello Ida
No. 717 St.
Registration District No. ____ File No. ____
Hospital St. Anthonys Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Sophie Tampuras
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	I	1st	Yes	Aug. 13 1922

What bactericidal solution was used in eyes? Silver Nitrate Sol 1/2% Minim

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1st

FATHER		MOTHER	
FULL NAME	Gust Tampuras	FULL MAIDEN NAME	Rosie Ozancin
RESIDENCE	718 N. 8th	RESIDENCE	718 N. 8th
COLOR	Greek	COLOR	Austrian
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Greece	BIRTHPLACE	Austria
OCCUPATION	Laborer	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11.30 P. M. (Born alive or stillborn) on the date above stated.

(Signature) A M Newton M D
(Physician or midwife)

Address Pocatello Ida

Filed 10/31 1922 J H Gaines Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7/22/41

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Ohio } ss.
County of Wood }

Certificate No. 105379
Date Filed 10-1-1922

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Sophie Tampuratzes (Name on original certificate) who Born (Was born or died) on August 13th 1922 (Date of event)
in Pocatello, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by knowledge as mother (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Sophie Tampurages	Sophie Tampuratzes	Sophie Tampurages
Mother's maiden name	A. Kartos	Rosie Ozancin

Subscribed and sworn to before me this 21st
day of November, 19 41

Mildred M. Gonyer — Mildred M. Gonyer
NOTARY PUBLIC — Notary Public, residing at Bowling Green, Ohio
Wood County, Ohio
My commission expires 3-12-44
[SEAL]

Signed Rosie Tampurages
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Weston, Ohio. RR #1
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Ohio } ss.
County of Wood }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of November, 19 41

Mildred M. Gonyer — Mildred M. Gonyer
NOTARY PUBLIC — Notary Public, residing at Bowling Green, Ohio
Wood County, Ohio
My commission expires 3-12-44
[SEAL]

Signed Gust Tampurages
(Signature of any credible person other than the previous affiant)

Weston, Ohio. RR #1
(Street Address, City, State)

Received for filing o[illegible] by
(Registrar's signature)

NOV 29

693-220-003-245

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

105380

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello, Ida

No. 7th St. Registration District No. 28 File No. 81

Hospital St Anthony Primary Registration District No. 2161 Registered No. 4558

FULL NAME OF CHILD Dorothy Mae Williamson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	I		IV	Yes	Aug 20 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate Sol. 1% M.I.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James Scott Williamson	FULL MAIDEN NAME	Frankie Mildred Smuling
RESIDENCE	1133 So. Fifth Ave	RESIDENCE	1133 So Fifth Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	St. Louis, Mo.	BIRTHPLACE	Breckenridge Col.
OCCUPATION	Salesman	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Newton
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 10/1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 0 1942

295-215-003-349

PLACE OF BIRTH

RECEIVED OCT 2 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105381

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

Registration District No. 28 File No. 8

Primary Registration District No. 2161 Registered No. 1159

FULL NAME OF CHILD Mary Vesta King

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	8-15 192?

What bactericidal solution was used in eyes? Cr. No. 3 - 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Freeman L. King	FULL MAIDEN NAME	Vesta Curran
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Alabama	BIRTHPLACE	Michigan
OCCUPATION	Train Dispatcher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) [signature]

Physician

(Physician or midwife)

Address Pocatello

Filed 10/1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-10-71

236-231-003-884

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105383

RECEIVED
JUL 21 1922
BUREAU OF VITAL STATISTICS

County of Bannock
City of Pocatello
No. 536 So 6th St.
Registration District No. 28 File No. 81
Hospital —
Primary Registration District No. 2161 Registered No. 4571

FULL NAME OF CHILD Kathryn Stoddard
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	8-31-21.

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles Britt Stoddard	FULL MAIDEN NAME	Myrtle L. Hyde
RESIDENCE	536 So Sixth	RESIDENCE	Same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) **at** 9:35 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Gray MD
(Physician or ~~midwife~~)

Address Pocatello

Filed 8/1 1922 J. H. Gourley
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693/29.003 - 844

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105384

County of Bannock
City of Pocatello
No. 708 So. 2nd Ave St.
Registration District No. 28 File No. 8
Hospital Home Primary Registration District No. 2161 Registered No. 462

FULL NAME OF CHILD Maxwell Eli Willyerd
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	July 29 1922

What bactericidal solution was used in eyes? Boracic Acid

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Leroy Albert Willyerd	FULL MAIDEN NAME	Margret Analissa Humphris
RESIDENCE	708 So. 2nd Ave.	RESIDENCE	708 So. 2nd Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Cedar, Idaho
OCCUPATION	Common Labor	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Cora W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct. 21 1922
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1942

219-101-003-165

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105385

County of Bannock

City of Pocatello Ida

Registration District No. 28 File No. 81

No. 441 E. Haydn St.

Primary Registration District No. 2161 Registered No. 4565

Hospital

FULL NAME OF CHILD William J. Karas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	9-1-1922

FATHER		MOTHER	
FULL NAME	John William Karas	FULL MAIDEN NAME	Edna Jones
RESIDENCE	441 E. Haydn	RESIDENCE	441 E. Haydn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Greece	BIRTHPLACE	Iowa
OCCUPATION	A. S. Line	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Young

phy Surgeon (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 853 No Main

Filed 10/1 19 22

J. H. Young Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-10-003-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105386

County of Bannock

City of Pocatello, Idaho

No. 637 N. 7th St. Registration District No. 28 File No. 81

Hospital St. Anthony Primary Registration District No. 2161 Registered No. 4564

FULL NAME OF CHILD John A. Katsolometes
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Sept. 1st 1922

What bactericidal solution was used in eyes? 1% Ag No3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Alex Katsolometes	FULL MAIDEN NAME: Pangoto Annas
RESIDENCE: 637 N. 7th	RESIDENCE: 637 N. 7th
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Sparta, Greece	BIRTHPLACE: Sparta, Greece.
OCCUPATION: Grocer	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.
(Physician or midwife)

Address Pocatello, Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 10/1 1922 J. H. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

81

893-102:003-216

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105387

County of Bannock
City of Pocatello
No. 1228 No Harrison St.
Registration District No. 28
File No. 81
Hospital —
Primary Registration District No. 216
Registered No. 65

FULL NAME OF CHILD Wayne Hildbrand
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and / Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	9 - 2 1922

What bactericidal solution was used in eyes? 10 % Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	David Hildbrand	FULL MAIDEN NAME	Mary Lyostrom
RESIDENCE	1228 No Harrison	RESIDENCE	Same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	R. R. Shopman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 3:50 9 M. (Born alive ~~or stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) L. D. Kay M.D.
(Physician or ~~midwife~~)

Address Pocatello Ida

Filed 10/11 1922 J. H. Evans
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-202.003 -384

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105988

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

County of Bannock
City of Pocatello
No. ____ St.
Hospital Poca. General

Registration District No. 28
Primary Registration District No. 2161
File No. 81
Registered No. 4374

FULL NAME OF CHILD Nancy Pilchard
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		yes	9 - 2 - 192

What bactericidal solution was used in eyes? 10 % Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME DeWitt Talmadge Pilchard	FULL MAIDEN NAME Mable Minerva Church
RESIDENCE Lava Hot Springs, Idaho	RESIDENCE same
COLOR wht.	COLOR wht
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Maryland	BIRTHPLACE Idaho
OCCUPATION Real Estate	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Hay M D
(Physician or midwife)

Address Pocatello Ida

Filed 10/1 1922 J K Young Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 3 1968

266-102-003-819

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 108 N. 8th Ave. St.
Hospital Home

Registration District No. _____ File No. 105389
Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD William Edward Bowman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Sep. 2, 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 5

	FATHER		MOTHER
FULL NAME	John James Bowman	FULL MAIDEN NAME	Lettie Elizabeth Harper
RESIDENCE	108 N. 8th Ave.	RESIDENCE	108 N. 8th Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Roane Co. Tenn.	BIRTHPLACE	Marshal N. C.
OCCUPATION	R. R. Carman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 413 So. 4th Ave.

Filed [illegible] 1922 J. R. Bowman
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1943

897-202-003-685

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

County of Bannock

City of McCammon

Registration District No. 28

File No. 81 105390

No. ..... St.

Primary Registration District No. 2161

Registered No. 4568

Hospital .....

FULL NAME OF CHILD Opal Higgins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Daniel Smith Higgins	FULL MAIDEN NAME	Matilda Emiline Wheat
RESIDENCE	McCammon	RESIDENCE	McCammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Elsinore Utah	BIRTHPLACE	Pollard Arkansas
OCCUPATION	Laborer	OCCUPATION	Laborers Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 o'clock on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Althea Lewis
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon Idaho

Filed 10/2 1922 J. R. Young Registrar

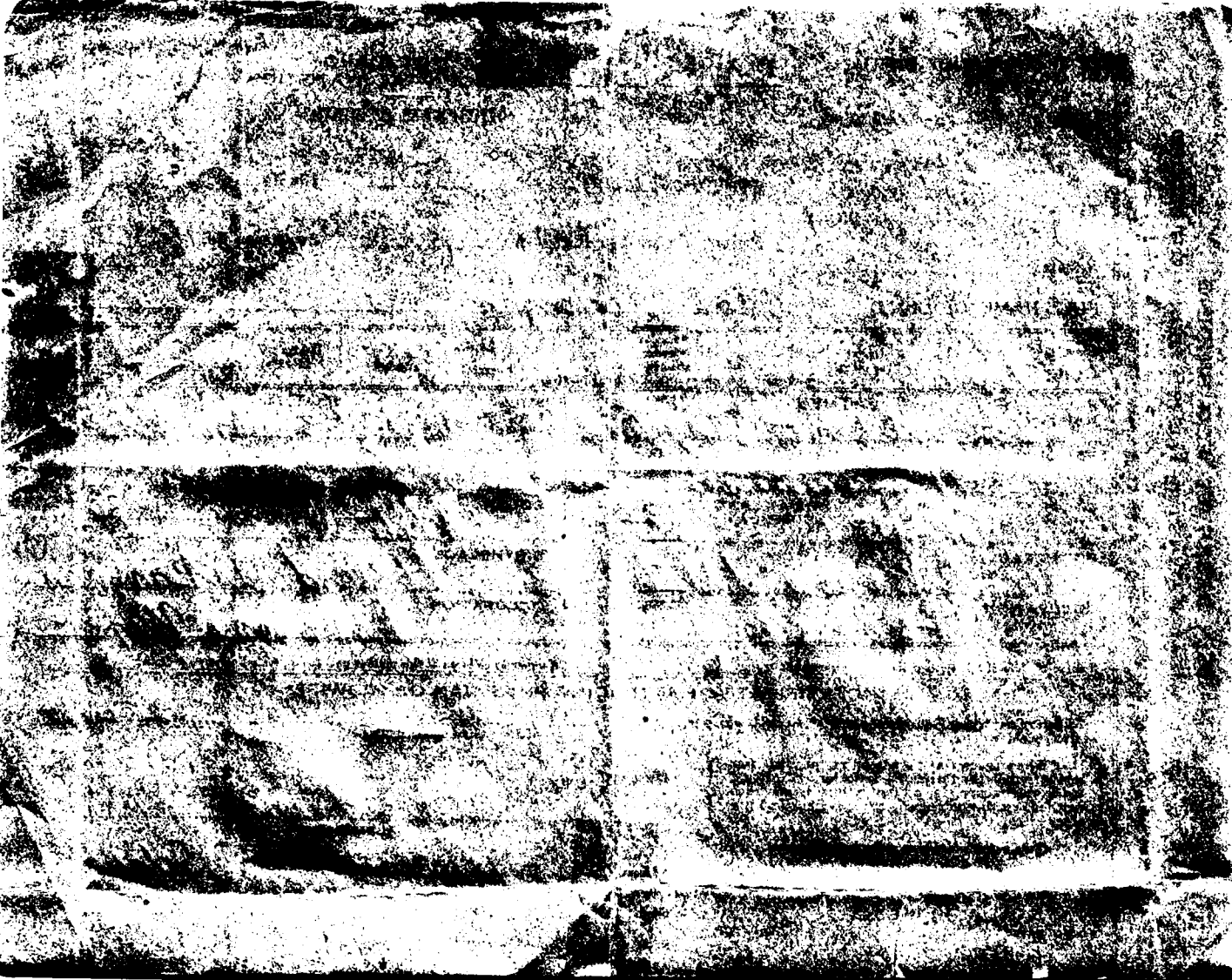
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



49X-207.003-855

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105391

County of Bannock
City of Pocatello
No. 029 So. Main St.
Registration District No. 28 File No. 81
Hospital
Primary Registration District No. 1161 Registered No. 4369

FULL NAME OF CHILD Bernice Middendorf
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 3 1922

What bacteriolidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Fred B. Middendorf	FULL MAIDEN NAME	Birdie Rose Hendrick
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Richmond Utah
OCCUPATION	Boilermaker	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 3 15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Madden
Physician
(Physician or midwife)

Address 312 Carlson Bldg

Give names added from a supplemental report.

....., 19.....

Filed 10/ 1922 J. H. Young
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

392-103-003-693

PLACE OF BIRTH

Form V. S. No. 11—20m-7-20-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105392

County of Bannock

City of Pocatello

Registration District No. 28

File No. 81

No. ..... St. 2161

Primary Registration District No. .....

Registered No. 4370

Hospital .....

FULL NAME OF CHILD Lionel William Lish

Sex of Child Male.

Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? yes.

Date of Birth 9 (Month) 3 (Day) (Year)

FATHER

FULL NAME Dell Lionel Lish

RESIDENCE Lava Hot Springs Idaho

COLOR White

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE McCammon Idaho.

OCCUPATION Laundryman

MOTHER

FULL MAIDEN NAME Mary Ellen Williams

RESIDENCE Lava Hot Springs Idaho.

COLOR White

AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Evanston Wyoming

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 A M. on the date above stated.

(Signature) A M Newton MD

(Physician or midwife)

Address Pocatello

Filed 10/1 19 22

J H Young Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of child, in order of birth stated.

1/21/41 L. B.

165-104-003-847

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

County of Bannock
City of Pocatello
No. R.F.D. #1 St.
Hospital —
Registration District No. 28
Primary Registration District No. 216
File No. 105393
Registered No. 4571

FULL NAME OF CHILD Stillborn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	9 - 4 1922

What bactericidal solution was used in eyes? —

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lamon DeLaun Jones	FULL MAIDEN NAME	Leda Hughes
RESIDENCE	R.F.D. #1 - Pocatello	RESIDENCE	same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dead at ~~alive or stillborn~~ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) D. Kay M.D.
(Physician ~~or midwife~~)

Address Pocatello

Filed 10/1 1922 H. Young Jr.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

671-204-003-262

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105394

County of Bannock
City of Pocatello
No. Ranch 5 miles N. of Pocatello Registration District No. 28 File No. 8
Hospital Home Primary Registration District No. 2161 Registered No. 4572

FULL NAME OF CHILD Misao Ogawa
(Certificate of no value without full name of child.)

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Sep. 4th 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Tomesabaro Ogawa	FULL MAIDEN NAME	Itsu Kobayashi
RESIDENCE	5 miles N. Pocatello	RESIDENCE	5 miles N. of Pocatello
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address 413 So. 4th Ave

Filed 10/1 1922 J. R. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 23-30222-

593-105-003-269

~~PLACE OF BIRTH~~

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105395

County of Bannock

City of Pocatello

No. ..... St. ..... Registration District No. 28 File No. 81

Hospital General Primary Registration District No. 2161 Registered No. 4573

FULL NAME OF CHILD Roy ~~XXXXXXXX~~ J. Eitel ROY J. EITEL
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	9 - 5 - 1922

What bactericidal solution was used in eyes? AgNO3 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Roy C. Eitel	FULL MAIDEN NAME	May Victoria Swift
RESIDENCE	1583 Roosevelt	RESIDENCE	Same
COLOR	Wht AGE AT LAST BIRTHDAY 35 (Years)	COLOR	Wht AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Denver, Colo	BIRTHPLACE	Salt Lake City - Utah
OCCUPATION	Sign Painter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 50 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Roy

(Physician ~~or midwife~~)

Address Pocatello

Filed 10/1 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RE

NOV 1 3 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Street: 1383 Roosevelt

County: Bannock

File Number: 105395

Registration Dist. No. .....

Date of Birth: Sept 5 1922

Sex of Child: Male

Father: Roy Clifford Ertel (Full Name)

Mother: May Swift (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Roy Junior Ertel

Child's Name in Full

R.C. Ertel

Signature of Father or Mother

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 10539 5

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Roy Jamison Eitel (Name on Original Certificate) who born (Was Born or Died) on 9-3-1922 (Date of Event) in Pocatello (Place of Event) Ida. are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Father (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Roy Jamison Eitel	Roy J. Eitel

Subscribed and sworn to before me this 2nd day of April 1942

Jessie A. Rice
Notary Public, residing at Pocatello, Ida
My commission expires June 25, 1945
(Seal)

Signed Roy J. Eitel (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
532 N. Garfield Pocatello Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of April 1942

Jessie A. Rice
Notary Public, residing at Pocatello Ida
My commission expires June 25, 1945
(Seal)

Signed W Lyon Healy
(Signature of Any Credible Person Other Than Previous Year)
404 So 11th Pocatello Ida
(Street Address, City, State)

AUG 2 2 1944

666-105-003-319

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105396

County of Bannock

City of Pocatello

No. 246 So. Grant Registration District No. 28 File No. 81

Hospital — Primary Registration District No. 2161 Registered No. 4574

FULL NAME OF CHILD Ward Woodland

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	9 – 5 – 1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Jas. M. Woodland	FULL MAIDEN NAME Hilda Charlotte Carlson
RESIDENCE 246 So. Grant	RESIDENCE same
COLOR wht AGE AT LAST BIRTHDAY 35 (Years)	COLOR wht AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION American Exp. Clerk	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) **at** 3:15 P.M. **on the date above stated.**

(Signature) L. C. Kay M.D.

(Physician or ~~midwife~~)

Address Pocatello

Filed 10/1 1922 H. Young Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1943

APR 29 1952

4-19-205-003-918

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

County of Bannock

City of McCammon

No. ..... St.

Hospital .....

Registration District No. 28

Primary Registration District No. 2161

File No. 105397

Registered No. 4872

FULL NAME OF CHILD Besaree Marley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 5, 22

	FATHER	MOTHER
FULL NAME	Wilford W. Marley,	
FULL MAIDEN NAME		Ione Raymond
RESIDENCE	McCammon, Idaho	McCammon, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	39
BIRTHPLACE	Robin, Idaho	Smithfield, Utah.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Sept 5, 1922, at 11 p.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John M. Waste M.D.

Physician
(Physician or midwife)

Address McCammon, Idaho

Filed 10/1 19c

J. M. Young
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WEL[illegible]

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: McCammon Ida.
Street: .....
County: Bannock

File Number: 105597

Registration Dist. No.: 24

Date of Birth: September 5 192 2

Sex of Child: Female

Father: Wilford Woodruff Marley (Full Name)

Mother: Ione Clarantia Raymond (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Bessie Marley
Child's Name in Full

Wilford W. Marley
Signature of Father or Mother

JUL 20 1972

296-106-003-381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105398

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 81

Hospital Pocatello Gen Primary Registration District No. 2161 Registered No. 4576

FULL NAME OF CHILD William Wesley Brothers Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	Sept 6 1922

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Wesley Brothers	FULL MAIDEN NAME	Mildred Chandler
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Gandre, Nebr.	BIRTHPLACE	Decatur, Ill.
OCCUPATION	Physician and Surgeon	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6.50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello Idaho

Filed 10/1 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 12 1942

866-106-007-691

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105399

County of Bannock
City of Pocatello
No. 872 Washington
Hospital

Registration District No. 28 File No. 8
Primary Registration District No. 7161 Registered No. 4577

FULL NAME OF CHILD Albert Howell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy		yes	Sept 6 1922

What bactericidal solution was used in eyes? 1% agnos

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	John D Howell	FULL MAIDEN NAME	Rosa Frasure
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ky.	BIRTHPLACE	Ky.
OCCUPATION	Laborer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 45 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Young
(Physician or midwife)

Address Pocatello

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 10/1 1922 J H Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-107

PLACE OF BIRTH

County [illegible]

City [illegible] Ohio

No. [illegible] St.

Hospital General

OCT 21 1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 81105401

Primary Registration District No. 2161 Registered No. 4579

FULL NAME OF CHILD Robert Dean Turner

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Sept 17 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph K. Turner	FULL MAIDEN NAME	Martha Pearl Esterbrook
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Springfield Ohio	BIRTHPLACE	Lead. So Dak.
OCCUPATION	Clothing Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:20 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Madden

Physician

(Physician or midwife)

Give names added from a supplemental report.

Address 312 Carlson Bldg.

Filed 10/1 1922 J. R. Young

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-108 003-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105402

County of Bannock
City of Pocatello
No. 1122 N Hayes St.
Hospital:
Registration District No. 28
Primary Registration District No. 2161
File No.
Registered No. 4550

FULL NAME OF CHILD Arthur Leon Brower Thatcher
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy		yes	9-8-22

What bactericidal solution was used in eyes? agno3 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wilmar Thatcher	Laura Mae Brower
RESIDENCE	Robin Ida.	same
COLOR	w	w
AGE AT LAST BIRTHDAY (Years)	22	[redacted]
BIRTHPLACE	Robin Ida.	Ida.
OCCUPATION	Farmer	hsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J H Young
Phys.
(Physician or midwife)
Address Pocatello Ida

Filed 10/1 1922 J H Young. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Street: 1122 No. Hayes

County: Bannock

File Number: 105402

Registration Dist. No. .....

Date of Birth: Sept 8th 192 2

Sex of Child: Male

Father: Wilmar Thacker
Full Name

Mother: Laura Mae Brower
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Arthur Leon Brower
Child's Name in Full

Laura Mae Brower
Signature of Father or Mother

319-108-003-219

PLACE OF BIRTH

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 422 N. 3rd St. Registration District No. 28 File No. 105403

Hospital Primary Registration District No. 2161 Registered No. 4581

FULL NAME OF CHILD Bernard Jacob LaRue

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 8 1922

What bacteriacidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robert Bernard LaRue	FULL MAIDEN NAME	Elizabeth Bailey
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	Black	COLOR	Black
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	New Orleans La.	BIRTHPLACE	New Orleans La.
OCCUPATION	R.R. Coach Cleaner	OCCUPATION	Domestic

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

(Physician or midwife)

Address Pocatello Idaho

Filed 10/1 1922 J. P. Young Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-108-003-884

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. R.F.D. 1 St.

Registration District No. 83 File No. 105404

Primary Registration District No. 2160 Registered No.

Hospital

FULL NAME OF CHILD Frank Lavell Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	10 - 8 - 1922

FATHER		MOTHER	
FULL NAME	Mark L. Johnson	FULL MAIDEN NAME	Ida Hyde
RESIDENCE	Downey, Ida	RESIDENCE	Downey, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Springville Utah	BIRTHPLACE	Kaysville, Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen, Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Downey, Idaho

Filed 10 - 9 - 1922 H. J. Hartvigsen Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 26 10 56 AM '78

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 105404

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Johnson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct 8, 1922 (Date of Event)
in Downey, Idaho (Bannock) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Frank Lavell Johnson

Subscribed and sworn to before me this 24TH day of APRIL 1978

L. Brent Inkpell
Notary Public, residing at S.L. County
My commission expires 10 May 1980
(Seal)

Signed Jeanne C. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Star Route 38, Park City, Ut.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24TH day of APRIL 1978

L. Brent Inkpell
Notary Public, residing at S.L. County
My commission expires 10 May 1980
(Seal)

Signed .....
(Signature of Any Credible Person)

[illegible] Salt Lake City
(Street Address, City, State)

FORM DH 60-155

CL 4/18/78 RUSH

318-201-003-805

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

Amended 5/5/77

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

105405

County of Bannock

City of Downey

Registration District No. 83

File No.

No. St.

Primary Registration District No. 260

Registered No.

Hospital

FULL NAME OF CHILD Bessie Sayton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	10 - 1 - 1922

FATHER		MOTHER	
FULL NAME	James F. Sayton,	FULL MAIDEN NAME	Maria Housley,
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Idd
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Downey, Idaho	BIRTHPLACE	Paradise, Utah.
OCCUPATION	Farmer Labour,	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 10:40 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) H. J. Harrington, M.D.
(Physician or midwife)

Address Downey Idaho

Filed Oct 21 1922

H. J. Harrington
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

R 12 2 38 PM '77

Certificate No. 105405

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Bircia Layton (Name on Original Certificate) who was born (Was Born or Died) on Oct 1, 1922 (Date of Event) in Downey, Idaho (Bannock) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Bircia Layton	Bersha Layton

Subscribed and sworn to before me this 18th day of February, 1977

Burrell J. Lloyd

Notary Public, residing at Downey, Ida

My commission expires May 4, 1978

(Seal)

Signed Mrs Maria H. Layton

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R1 Box 129 Pocatello, Idaho 83201

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 2/11/77nm

415-230-003-386

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

County of Bannock

City of Downey

Registration District No. 8-3 File No. 105406

No. ..... St.

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Gwen Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes.	Sept. (Month), 30 (Day), 1922 (Year)

FATHER		MOTHER	
FULL NAME	R. E. Davis,	FULL MAIDEN NAME	Mary Leona Thompson,
RESIDENCE	Downey, Idaho	RESIDENCE	Downey Idaho
COLOR	no	COLOR	no
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Brigham City, Utah	BIRTHPLACE	Downey, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Hartigsen

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Downey, Idaho

Filed 9-30 - 1922

A. J. Hartigsen Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 13 1922 192...

BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Downey

Place of Birth — Street: .....

Place of Birth — County: Bannock

File Number: 105406

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Sept. 30 192.2

Father: Reynold Davis
Full Name

Mother: Mary Leona Thompson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Gwen Davis
Child's Name in Full

Reynold Davis
Signature of Father or Mother

K

Form V. S. No. 11-C—25m-4-21-19

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

105407

Registration District No. 83 File No. .....

Primary Registration District No. 2160 Registered No. .....

FULL NAME OF CHILD Lillian Bernice Solvesen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 27, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S. Leroy Solvesen	FULL MAIDEN NAME	Lillie Criddle
RESIDENCE	Downey, Ida.	RESIDENCE	Downey, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Hyrum, Utah	BIRTHPLACE	Downey, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Stockrigsen, Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey, Idaho

Filed Sept. 28, 1922 H. J. Stockrigsen Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Downey
- Street:
- County: Bannock Co.

File Number: 105407

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Sept. 27 1922

Father: S. Le Roy Salvesen
Full Name

Mother: Lillie Orissa Criddle
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Lillian Bernice Salvesen
Child's Name in Full

Orissa Salvesen
Signature of Father or Mother

154-130-003-249

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105408

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 83

Primary Registration District No. 2160

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... Clive Ivan Anderson .....

Sex of Child: Male

Twin / Triplet or other? } and { Number in order of birth

(To be answered only in event of plural births)

Legitimate: Yes

Date of Birth: 7 (Month) 30 (Day) 1922 (Year)

FATHER

FULL NAME: Alma W. Anderson

RESIDENCE: Downey, Ida

COLOR: W

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Smithfield, Ut.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Lula Burrup

RESIDENCE: Downey, Ida

COLOR: W

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Downey, Ida

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 2:27 A. M. on the date above stated.

(Signature) .....

Physician

(Physician or midwife)

Address Downey Idaho

Filed 7-30-1922

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV. 13. 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Downey

Place of Birth — Street:

Place of Birth — County: Bannock

File Number: 105408

Registration Dist. No.:

Sex of Child: Male

Date of Birth: July 30 1922

Father: Alma William Anderson (Full Name)

Mother: Lula Mary Burrup (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Clive Ivan Anderson
Child's Name in Full

Alma W. Anderson
Signature of Father or Mother

462-103-003-141

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Virginia Registration District No. 83 File No. 105409

No. ..... St. Primary Registration District No. 3160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Max Edmund Moss

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug. 3, 1922

FATHER		MOTHER	
FULL NAME	Chas E. Moss	FULL MAIDEN NAME	Myrtle Adams
RESIDENCE	Virginia, Idaho	RESIDENCE	Virginia, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Roberts, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen, Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lawney, Idaho

Filed Aug. 4, 1922 H. J. Hartvigsen Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

NOV 3 19

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ...Virginia.....

Street .....

County ....Bannock.....

File Number .....105409.....

Registration Dist. No. .....

Date of Birth ...August 3.....192.2.

Sex of Child.....Male.....

Father ...Charles Edmund Moss.....
Full Name

Mother ...Myrtle M. Adams.....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....Max Edmund Moss.....
Child's Name in Full

.....Mrs. Myrtle M. Moss.....
Signature of Father or Mother

515-21-003-238

Amended 6/6/78

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105410

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 83

Primary Registration District No. 2160

File No. .....

Registered No. .....

FULL NAME OF CHILD Verda Eva Naef

Sex of Child: female

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: Aug (Month) 13 (Day) 1922 (Year)

FATHER

FULL NAME: Charles A Naef

RESIDENCE: Downey,

COLOR: W

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Providence, Ut

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Cathern Scheibel

RESIDENCE: Downey,

COLOR: W.

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Pleasant Valley, Utah

OCCUPATION: House wife

Number of child of this mother, including present birth: 10

Number of children of this mother now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartwigsen

Physician (Physician or midwife)

Address Downey Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8-13- 1922

H. J. Hartwigsen Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAY 9 1 19 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock

Certificate No. 105410

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed male Naef (Name on Original Certificate) who born (Was Born or Died) on August 13, 1922 (Date of Event) in Downey, Idaho Bannock (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism & Inclosed kept by my mother (Bible Record, Insurance Policy, Etc.) prepared on Nov. 2-1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed Naef	Verda Eva Naef
sex of child	Male	Female

Subscribed and sworn to before me this 3 day of May 1978

Notary Public, residing at Pocatello, Id.
My commission expires March 28, 1982
(Seal)

Signed Delores Naef Andersen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2425 Bannock Hwy Pocatello, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of May, 1978

Notary Public, residing at Pocatello, Id.
My commission expires March 28, 1982
(Seal)

Signed Elmer P. Bright
(Signature of Any Credible Person)

950 Willow Lane Pocatello, Idaho
(Street Address, City, State)

FORM DH 60-155

CL sent 3/24/78 $3 ck. ret.

236.122.003-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

County of Bannock

City of Hawney

Registration District No. 83

File No. 105412

No. ..... St.

Primary Registration District No. 2160

Registered No. .....

Hospital .....

FULL NAME OF CHILD Byron Jack Stoddard

Sex of Child male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 8 - 22 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Stoddard	FULL MAIDEN NAME	Sadie Barry
RESIDENCE	Hawney Idaho	RESIDENCE	Hawney, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Richmond, Utah	BIRTHPLACE	Jacksonville, Florida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5.00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Hartigsen

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hawney, Idaho

Filed 8-23-1922 A. J. Hartigsen

Registrar

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

NOV 13 1922

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Downey
- Street: Route #1 Box 68
- County: Bannock

File Number: 105412

Registration Dist. No. .....

Date of Birth: August 22 1922

Sex of Child: Male

Father: Charles Stoddard (Full Name)

Mother: Sadie Olivia Barry (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Byron Jack Stoddard
Child's Name in Full

Sadie C Stoddard
Signature of Father or Mother

A child born to us in Twin Falls, Twin Falls County June 26, 1920 male. He handed in the name as Charles Henry but later changed it to Charles Melvin Dr Davis in attendance Mrs Stoddard

632-122-003-766

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0—25m-8-8-17

County of Bannock

City of Virginia

Registration District No. 83

File No. 105413

No. ..... St.

Primary Registration District No. 2160

Registered No. .....

Hospital .....

FULL NAME OF CHILD CECIL EMIL Olson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. 22 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Emil Olson	FULL MAIDEN NAME	Anna Gooch
RESIDENCE	Virginia Idaho	RESIDENCE	Virginia Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Oxford, Ida	BIRTHPLACE	Oxford, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. J. Hartvigsen

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mawry Idaho

..... Registrar

Filed 9-14-1922

H. J. Hartvigsen
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock

Certificate No. 105413
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Cecil Emil Olson (Name on original certificate) who born (Was born or died) on 23 aug. 1922 (Date of event)
in Virginia (Place of event) Idaho L.D.S. are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family record book (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Oaicle Olson	Cecil Emil Olson

Subscribed and sworn to before me this 10th
day of Nov. 1941, 19
Notary Public, residing at Arimo, Idaho
My commission expires
[SEAL]

Signed Emil G. Olson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19
Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

239-125
003-793

PLACE OF BIRTH

[redacted]

STATISTICS CERTIFICATE OF BIRTH

County of Bannock

City of Robin

Registration District No. 83

File No. 105414

No. ..... St.

Primary Registration District No. 2160

Registered No. .....

Hospital .....

FULL NAME OF CHILD Keith Gill Stinger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	8 - 25 - 1922

FATHER		MOTHER	
FULL NAME	J. Walter Stinger	FULL MAIDEN NAME	Anna Gill
RESIDENCE	Robin Idaho	RESIDENCE	Robin Idaho
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Robin, Idaho.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartigsen

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lawrence, Idaho

Registrar

Filed 8-26-1922

H. J. Hartigsen

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-224-003-266

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
OCT [illegible] 1922
BUREAU OF VITAL STATISTICS

County of Bannack
City of Oxford
No. Main Street St.
Hospital

Registration District No.
Primary Registration District No.

File No. 105415
Registered No.

FULL NAME OF CHILD Iris Algena Allen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug. 24 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Auram P. Allen	FULL MAIDEN NAME	Lucy Kofoed
RESIDENCE	Oxford	RESIDENCE	Oxford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Cove Utah	BIRTHPLACE	Afton Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3.10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States
Physician
(Physician or midwife)

Address Preston Idaho

Filed 9-7-1923 H. J. Hartingsen
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oxford

Street: .....

County: Bannock

File Number: 105415

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Aug. 24, 1922

Father: Aram Poulsen Allen (Full Name)

Mother: Lucy Mays Kofoed (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Iris Elgena Allen

Child's Name in Full

Mrs. A. P. Allen

Signature of Father or Mother

55610-003-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. .....

Primary Registration District No. .....

File No. 105416

Registered No. .....

FULL NAME OF CHILD Herald Maroni Newbold, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 1, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herald Maroni Newbold	FULL MAIDEN NAME	Louise Bloxham
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Idaho
COLOR	White — AGE AT LAST BIRTHDAY 19 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE	Salt Lake City, Utah.	BIRTHPLACE	Downey, Idaho.
OCCUPATION	Moving-picture machine operator.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive-Sept. 1, 1922 (Born alive or stillborn) at 9:15 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M. Waste M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address McCammon, Idaho

Filed 9-8-1922

[signature]

Registrar

155 105 003 - 866

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Mc Cammon

Registration District No. 83

File No. 105417

No. ..... St.

Primary Registration District No. 2160

Registered No. .....

Hospital .....

FULL NAME OF CHILD Jack Howell Jensen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	9 5 1922

FATHER		MOTHER	
FULL NAME	Hans Jensen	FULL MAIDEN NAME	Mattie Howell
RESIDENCE	Weston, Ida.	RESIDENCE	Weston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Weston, Ida	BIRTHPLACE	Portage Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) H. J. Harrington, M.D.

Physician
(Physician or midwife)

Address Hawley, Idaho

Filed 9-5- 1922

H. J. Harrington
Registrar

231-208-003-866

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922

CERTIFICATE OF BIRTH

County of Bannock

City of Mc Cammon

Registration District No. 53

File No. 105418

No. ..... St.

Primary Registration District No. 2160

Registered No. .....

Hospital .....

FULL NAME OF CHILD Vernette Cannon Stanley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	9 - 8 - 1922

FATHER		MOTHER	
FULL NAME	Charles C. Stanley	FULL MAIDEN NAME	Minnie Howell
RESIDENCE	Mc Cammon, Ida.	RESIDENCE	Mc Cammon, Ida.
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Beaver Dam, Virginia	BIRTHPLACE	Portage, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 12:55 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hortigan, M.D.
(Physician or midwife)

Given names added from a supplemental report.

19 .....

Registrar

Address Blackfoot, Idaho

Filed 9-8-1922 H. J. Hortigan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-121-003-415

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 83

File No. 105419

Primary Registration District No. 2160

Registered No. .....

FULL NAME OF CHILD See Davis Larsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		Yes	Aug. 21, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Larsen	FULL MAIDEN NAME	Ethel Davis
RESIDENCE	Downey Ida	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Denmark Europe	BIRTHPLACE	Idaho
OCCUPATION	Garage mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartigan

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey, Idaho

Filed 9-13-1922 H. J. Hartigan Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-223-003-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Robin

Registration District No. ..... File No. 105420

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Lucile Marley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	August 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joshiah G. Marley	FULL MAIDEN NAME	Maud B. Whiting
RESIDENCE	Robin, Idaho	RESIDENCE	Robin, Idaho
COLOR	White — AGE AT LAST BIRTHDAY 45 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE	Robin, Idaho	BIRTHPLACE	Brigham City, Arizona.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive-Aug. 23, 1922 (Born alive or stillborn) at 4:20 p.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Waste M.D

Physician (Physician or midwife)

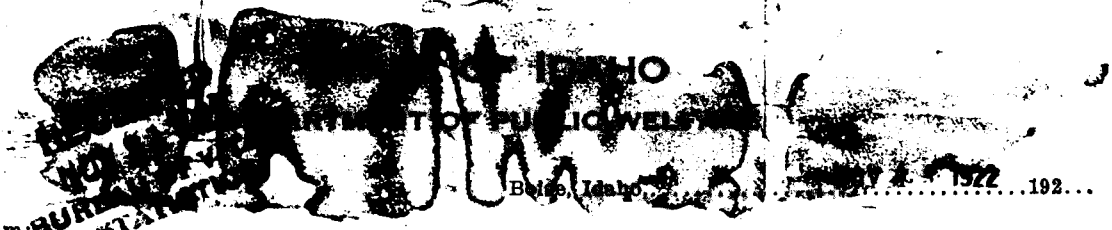
Given names added from a supplemental report.

..... 19.....

Address McCammon, Idaho

Registrar

Filed 9-16-1922 H. J. Hartogsen Registrar



Boise, Idaho, ... 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Robin

Street: Idaho

County: Bannock

File Number: 105420

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Aug. 28 1922.

Father: Josiah G. Marley (Full Name)

Mother: Maud Bell Whiting (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lucile Marley
Child's Name in Full

Maud Bell Marley
Signature of Father or Mother

666-225-003-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL

County of Bannock

City of Arimo

No. ..... St.

Hospital .....

Registration District No. 83

Primary Registration District No. 2160

File No. 105421

Registered No. .....

FULL NAME OF CHILD Nola Woodland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yse	Aug. 25, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orville Woodland	FULL MAIDEN NAME	Minerva Christensen
RESIDENCE	Marsh Center, Idaho	RESIDENCE	Marsh Center, Idaho
COLOR	White — AGE AT LAST BIRTHDAY 31 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Marsh Center, Idaho	BIRTHPLACE	Robin, Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Aug. 25, 1922, at 6.00 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M. Waste M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address McCammon, Idaho

Filed 9-16-1923 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

NOV 1 3 [redacted]22

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Arimo

Street: .....

County: Bannock

File Number: 105421

Registration Dist. No.: 16

Date of Birth: Au[redacted] .....192[redacted]2.

Sex of Child: Female

Father: Wi[redacted] W. Woodland (Full Name)

Mother: Minerva Ann Christensen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Nola Woodland

Child's Name in Full

Minerva C. Woodland

Signature of Father or Mother

819-223-003-841
PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
VITAL STATISTICS

CERTIFICATE OF BIRTH

105422

County of Bannock
City of Downey
Registration District No. 33
File No.
No. St.
Primary Registration District No. 2160 Registered No.
Hospital
FULL NAME OF CHILD DOROTHY MAY HARVEY

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♀				yes	9 — 23 — 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R O Harvey	Edna Qualls
RESIDENCE	Downey	Downey
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Bloomington, Ida.	Hyde Park, Utah
OCCUPATION	Clerk (Hardware)	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) H. J. Harrington
Physician
(Physician or midwife)
Address Downey Idaho
Filed 9 — 23 — 1922 H. J. Harrington
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 105422

County of Salt Lake } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) for Dorthy May Harvey (NAME ON ORIGINAL CERTIFICATE) who Was Born (WAS BORN OR DIED) on Sept 23, 1922 (DATE OF EVENT) in Downey Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Birth Cert. (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on about Sept 23, 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Dorothy Harvey
Dorothy May Harvey	Dorothy May Harvey	May

Subscribed and sworn to before me this 20th day of April, 1942

J. E. Clarkson NOTARY PUBLIC

Notary Public, residing at Salt Lake

My commission expires 10-17-43 (SEAL)

Signed Mrs. Edna Harvey (mother)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Salt Lake

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of April, 1942

J. E. Clarkson NOTARY PUBLIC

Notary Public, residing at Salt Lake

My commission expires 10-17-43 (SEAL)

Signed Mrs. Genevieve Goodman

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

669 Milton Ave Salt Lake City Utah

(STREET ADDRESS, CITY, STATE)

Received for filing on APR 22 1942 By (REGISTRAR'S SIGNATURE)

PLACE OF BIRTH

766-210-003-663

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105423

County of Bannock

City of Bancroft

No. ____ St.

Registration District No. 84 File No. 105423

Hospital ____ Primary Registration District No. 2161 Registered No. ____

FULL NAME OF CHILD Elaine Gooch

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	9-10-22 192

What bactericidal solution was used in eyes? arg. 30 %

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: John Gooch	FULL MAIDEN NAME: Matilda C. Fackman
RESIDENCE: Bancroft	RESIDENCE: Bancroft
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Stockman	OCCUPATION: H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was b a (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) Walter L. Roach

(Physician or midwife)

Address Bancroft

Filed 10-1- 192 Walter L. Roach Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH

Boise, Idaho, NOV 1 1924 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below, and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bancroft

Place of Birth — Street: .....

Place of Birth — County: Bannock

File Number: 105423

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Sept. 10 1924

Father: John Orson Gooch Jr.
Full Name

Mother: Matilda Corline Folkman
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Claire Gooch
Child's Name in Full

Matilda C. Gooch
Signature of Father or Mother

RECEIVED DEC 20 1924

759-209-003-235

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield

No. ____ St.

Registration District No. 84 File No. 105424

Hospital ____ Primary Registration District No. 2161 Registered No. ____

FULL NAME OF CHILD Charles Paul Perkins
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	9-9-22 192

What bactericidal solution was used in eyes? arg 20 %

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Spencer Perkins	FULL MAIDEN NAME: Ray Steck
RESIDENCE: Bancroft	RESIDENCE: Chesterfield
COLOR: 2 W	COLOR: W
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Chesterfield	BIRTHPLACE: Denver Colo
OCCUPATION: Farmer	OCCUPATION: h w

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was b a (Born alive or stillborn), at 1:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter L Rasch

(Physician or midwife)

Address Bancroft

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 10-1-22 1922

Walter L Rasch
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Chesterfield

Street: .....

County: Bannock

File Number: 105424

Registration Dist. No. .....

Date of Birth: Sept 8 1922

Sex of Child: ~~Female~~ male

Father: Spencer Miles Perkins (Full Name)

Mother: Marguerite Rae Stil... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charles Burton Perkins

Child's Name in Full

Mrs. Spencer Perkins

Signature of Father or Mother

264-213-003-753

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ____ St. ____ Registration District No. 84 ____ File No. 105425

Hospital ____ Primary Registration District No. 2161 ____ Registered No. ____

FULL NAME OF CHILD Bodily, Matilda Lue

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	9-13-22 1922

What bactericidal solution was used in eyes? Arg. 20 %

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Wilfred Bodily	FULL MAIDEN NAME: Ally Petersen
RESIDENCE: Bancroft	RESIDENCE: Bancroft
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: farmer	OCCUPATION: h w

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ba (Born alive or stillborn) **, at** 6 A M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter S Bach

(Physician or midwife)

Address Bancroft

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 10-1-22 Walter S Bach

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bancroft Idaho

Street:

County: Bannock

File Number: 105425

Registration Dist. No.:

Date of Birth: Sept 13th 1922

Sex of Child: Female

Father: Wilford Bodily (Full Name)

Mother: Albena Peterson Bodily (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Matilda Lue Bodily (Child's Name in Full)

Albena Bodily (Signature of Father or Mother)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] County of [redacted]

City of Bannock BUREAU OF VITAL Amended 6/4/79 105426

No. ____ St. [redacted] District No. 84 File No. ____

Hospital ____ Primary Registration District No. 2161 Registered No. ____

FULL NAME OF CHILD Max Ben Rigby
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				yes	7 M-23-22 192...

What bactericidal solution was used in eyes? arg 20 %

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Alfred Rigby	FULL MAIDEN NAME	Lillian Wright
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Bxxx Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	h w

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was b a **, at** 1:45 A **M. on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter E Rael

(Physician or midwife)

Address Bancroft

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 10-1-22 Walter E Rael
Registrar.

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Hatch Ward School Dist 50 Bancroft mail, Route 1
Street: .....
County: Bannock

File Number: 10542

Registration Dist. No. .....

Date of Birth: July 23 1922

Sex of Child: Male

Father: Alfred Rigby (Full Name)

Mother: Lillian Steard Wright (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Max Ben Rigby (Child's Name in Full)

Lillian S. W. Rigby (Signature of Father or Mother)

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Davis } ss. JUN 1 2 06 PM '79

Certificate No. 105426
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Max Rigby (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 23, 1922 (Date of Event)

in Bancroft, Idaho (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
mother's maiden name	Marian Wright	Lillian Wright

Subscribed and sworn to before me this 29 day of May, 1979.

Notary Public, [illegible] Utah
Residing at Kaysville, Utah
My commission expires March 2, 1980
(Seal)

Max Rigby
Max B Rigby
Signature of Applicant

570 No Main Kaysville Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Davis } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of May, 1979.

Notary Public [illegible]
Residing at Kaysville, Utah
My commission expires March 2, 1980
(Seal)

Alfred W Rigby
Supporting Signature

847 North 1st East Kaysville Utah
Street Address, City, State

CL 5/22/79 nm RUSH

319-2 PLA[redacted]005-345

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

County of Bonneville

City of St. Maries

No. Milwaukee Addn St. Registration No. 32 File No. 105427

CERTIFICATE OF BIRTH

Hospital ..... Primary Registration District No. 2049 Registered No. 70

FULL NAME OF CHILD Mary Jane Carlson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Sept 4 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph Carlson	FULL MAIDEN NAME	Anna Lundberg
RESIDENCE	St. Maries, Ida	RESIDENCE	St. Maries, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Sawmill Land	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 15 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Robins

Physician
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address St Maries Ida

Filed 10-8 1922 O S Meroyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1943

[redacted]

MAY 26 1970

295 109 205 99.3

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105428

County of Bennett

City of St Maries

No. ..... Registration District No. 32 File No. .....

Hospital ..... Primary Registration District No. 2049 Registered No. 71

FULL NAME OF CHILD William Cyril Kinard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		3	yes	9-9-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Protargol Sol.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Thomas Kinard	FULL MAIDEN NAME	Mabel Rice
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	[illegible]	BIRTHPLACE	Idaho
OCCUPATION	Baggage man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6.45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

Physician
(Physician or midwife)

Address St Maries, Idaho

Filed 10-8 1922 O S Murager
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

FEB 4 1942

JUL 3 0 1945

AUG 1 8 1971

466-209-005-219

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Treffry

No. ..... St.

Registration District No. 32 File No. 105429

Hospital .....

Primary Registration District No. 2049 Registered No. 72

FULL NAME OF CHILD Dorothy Emma Moore
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
F	—		5	Yes	9	9	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Protargol Sol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	William Moore	FULL MAIDEN NAME	Bernice S. Bailor
RESIDENCE	Treffry Idaho	RESIDENCE	Treffry Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Minn	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11.45 a M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Plett

Physician
(Physician or midwife)

Address St Maries, Ida

Filed 10/8 1922 O S Meroyer
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

JUN 27 1944

913-111-005-391

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. 11" & College St. Registration District No. 32 File No. 105430

Hospital St. Maries Primary Registration District No. 2049 Registered No. 93

FULL NAME OF CHILD Patrick G. Racanelli
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	Yes	Sept 11th 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Nicholas Racanelli	FULL MAIDEN NAME	Louise Ciancio
RESIDENCE	Santa, Ida	RESIDENCE	Santa, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Denver, Colo.
OCCUPATION	Section Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 40 A M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Robins

Physician
(Physician ~~or midwife~~)

Address St Maries Idaho

Filed 10 18 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

966-114:005 -419

PLACE OF BIRTH

RECEIVED OCT 21 1927 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105431

County of Benewah
City of St. Maries
No. 11th & College St. Registration District No. 32 File No.
Hospital St. Maries Primary Registration District No. 2049 Registered No. 74

FULL NAME OF CHILD Milton Allen Rowland
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept. 14 1927

What bactericidal solution was used in eyes? Argyrol - 10%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm. Dudley Rowland	FULL MAIDEN NAME	Leah Agnes Martin
RESIDENCE	St. Maries Ida	RESIDENCE	St. Maries, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Illinois	BIRTHPLACE	Oregon
OCCUPATION	Sawmill Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 15 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) C A Cabeen
Physician
(Physician or ~~midwife~~)
Address St Maries, Idaho

Filed 10/8 1927 D Emerson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-117-005-265

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

County of Benewah

City of St Maries

No. 11th & College St. Registration District No. 32 File No. 105432

Hospital St Maries Primary Registration District No. 2049 Registered No. 75

FULL NAME OF CHILD Joseph Richard Green
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		11	yes.	Sept 17 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 1 0% sol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joseph Richard Green	FULL MAIDEN NAME	Mary Malvina Soucy
RESIDENCE	St Maries Idaho	RESIDENCE	St Maries, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	St. Adailaide, Canada	BIRTHPLACE	St. Adailaide, Canada
OCCUPATION	Lumberman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 20 P M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Cornwall

Physician
(Physician ~~or midwife~~)

Address St Maries Idaho

Filed 10/8 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

... WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 18 1942

APR 13 1961

249-227-005-663

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Registration District No. 32

File No. 105433

Hospital .....

Primary Registration District No. 2049

Registered No. 16

FULL NAME OF CHILD Mable Eleanor Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
F	—		1	yes	9	27	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Protargol pol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	C. W. Smith	FULL MAIDEN NAME	Reatha Wolf
RESIDENCE	St Maries Ida.	RESIDENCE	St Maries Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Lac Du Flambeau Wis	BIRTHPLACE	Spangle Wash.
OCCUPATION	Lumber Grader	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address St Maries, Ida

Filed 10/8 1922 Osmeager
Registrar.

K

795-128'005-914

PLACE OF BIRTH

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

Registration District No. 32

File No. 105434

Primary Registration District No. 2049

Registered No. 77

FULL NAME OF CHILD Arthur Neil Pierce

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
m	—		1	yes	9	28	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Protargol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Archie Pierce	FULL MAIDEN NAME	Ora C. Ramey
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Washington	BIRTHPLACE	Indianna
OCCUPATION	Miner	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

Physician

(Physician or midwife)

Address St Maries, Idaho

Filed 10-8 1922 O S Mesager

Registrar.

Give names added from a supplemental report.

....., 192....

.....

Registrar.

869-229-005-995

PLACE OF BIRTH

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105435

County of Benewah.
City of St. Maries
No. 11th + College St.
Hospital St. Maries

Registration District No. 32
Primary Registration District No. 2049

File No.
Registered No. 78

FULL NAME OF CHILD Elizabeth Jean Horning
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	9 - 29 1922

What bactericidal solution was used in eyes? Argyrol 10% Sol.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chas. Francis Horning	FULL MAIDEN NAME	Martha Marie Riemland
RESIDENCE	Avery, Ida.	RESIDENCE	Avery, Ida
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Germany.
OCCUPATION	R.R. Engineer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.00 p M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or ~~midwife~~)

Address St Maries Idaho

Filed 10/8 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-229-005 -315

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105436

County of Benewah

City of St Maries

No. ..... St.

Registration District No. 32 File No. .....

Hospital ..... Primary Registration District No. 2049 Registered No. 49

FULL NAME OF CHILD Lorrain Rose Gooden

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	2	Yes	9-29-1922

What bactericidal solution was used in eyes? Protargol 1%

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME Edward C. Gooden	FULL MAIDEN NAME Mary A. Canyon
RESIDENCE St Maries, Ida	RESIDENCE St Maries, Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Oregon
OCCUPATION Miner	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Platt

Physician (Physician or midwife)

Address St Maries, Idaho.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 1922

..... Registrar.

JUN 2 6 1945

013-201-

PLACE OF BIR[redacted]

006-395

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105438

County of Bingham

City of Aberdeen

No. ..... St.

Registration District No. 116 File No. 13

Hospital .....

Primary Registration District No. 2195 Registered No. 736

FULL NAME OF CHILD Arvilla Jean Walker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Sept 1 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Albert Henry Walker	FULL MAIDEN NAME	Annie Livingstone
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCmar Kimm, MD

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Sept 1 1922 McCmar Kimm
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 23 1945

845-103-806-291

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105439

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116

Primary Registration District No. 21ES

File No. .....

Registered No. 737

FULL NAME OF CHILD Oscar Huether

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Sept 3 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Henry Huether	FULL MAIDEN NAME	Ottilie Kranzler
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) M. C. MacKinnon M.D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Sept 3 1922 Mena Kinnon
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 9 1951

255-108-006-134

PLACE OF BIRTH

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

Registration District No. 116

Primary Registration District No. 2195

File No. 105440

Registered No. 738

FULL NAME OF CHILD Francis Arthur Beebe
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Sept 8 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frank Joseph Beebe	FULL MAIDEN NAME	Alice Besamere Aldous
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19....

..... Registrar.

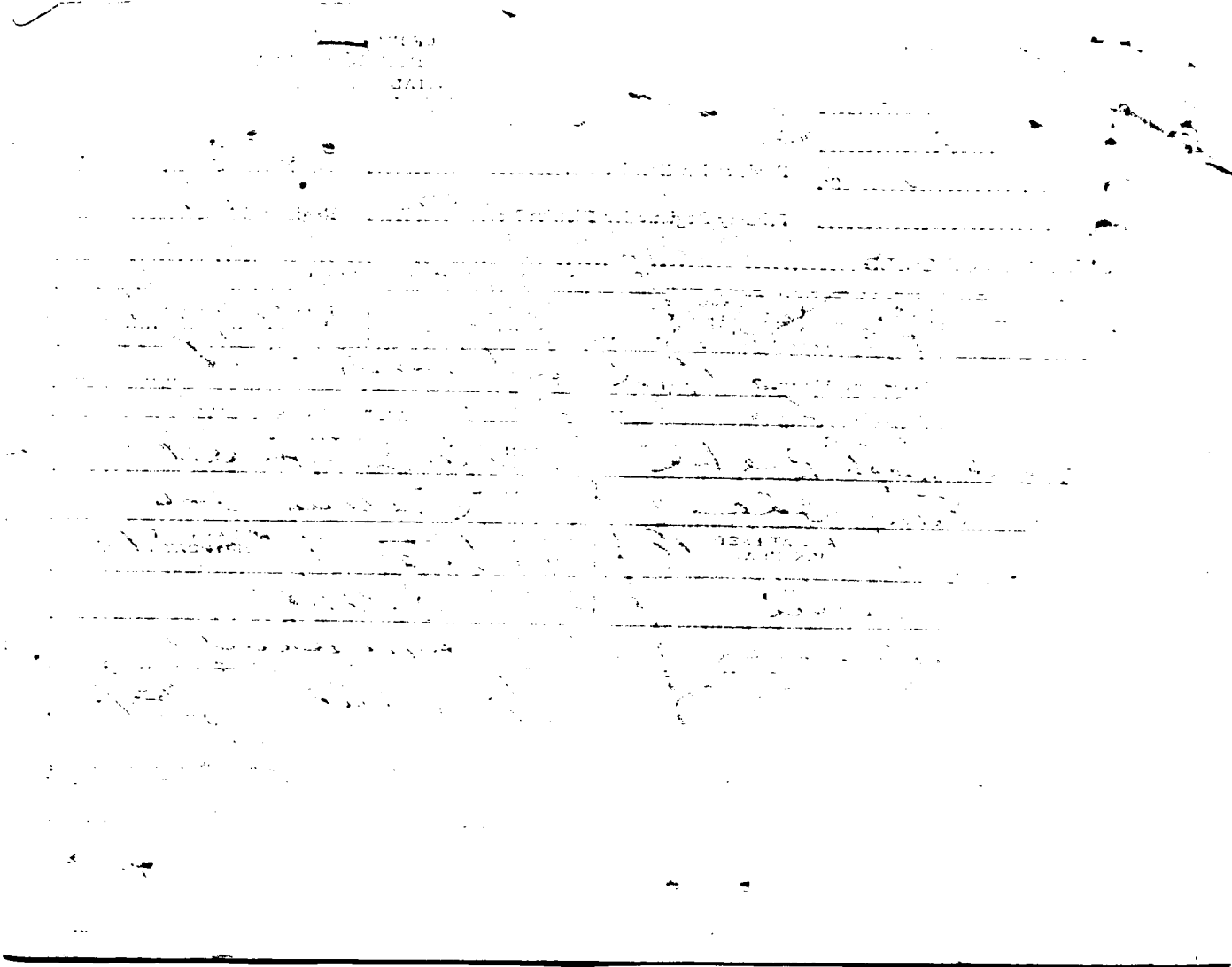
(Signature) M. C. MacKinnon M.D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Sept 8 1922 M. C. MacKinnon
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.



358-210-006-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 2 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105441

County of Bingham
City of Aberdeen
No. ____ St.
Hospital ____
Registration District No. 116
Primary Registration District No. 2195
File No. ____
Registered No. 789

FULL NAME OF CHILD Esther Pearl Lehrman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept 10 1922

What bactericidal solution was used in eyes? 1 2o Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Henry H. Lehrman	FULL MAIDEN NAME	Theresa Wiebe
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Grocery Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mortensen M.D.
Physician
(Physician or midwife)
Address Aberdeen Ida

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

Filed Sept 13 1922 M. C. Mortensen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 12 1943

MAR 26 1951

719-118-006-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105442

County of Bingham

City of Springfield

No. ..... St.

Registration District No. 116 File No. 15

Hospital ..... Primary Registration District No. 2195 Registered No. 740

FULL NAME OF CHILD Willis Everette Parsons
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	Yes	Sept 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Everett Parsons	FULL MAIDEN NAME	Violet Lovern
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	West Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCurr Kinnon MD,
Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Sept 18 1922 McCurr Kinnon
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Springfield

Street: X

County: Hampden

File Number: 105442

Registration Dist. No.: 57

Sex of Child: Male

Date of Birth: September 18 1922

Father: Everette Parsons (Full Name)

Mother: Violet Lovern (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Willis Everette Parsons
Child's Name in Full

Violet Parsons mother
Signature of Father or Mother

553-221-006-165

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105443
13

County of Bingham
City of Sterling
No. ..... St.
Hospital .....

Registration District No. 116 File No. .....
Primary Registration District No. 2195 Registered No. 741

FULL NAME OF CHILD Melva Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Sept 21 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	David Edwin Nelson	FULL MAIDEN NAME	Annie Rebecca Jones
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCurr Kinnon M.D.
Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Sept 21 1922 McCurr Kinnon
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sterling

Place of Birth — Street: .....

Place of Birth — County: Bingham

File Number: 105443

Registration Dist. No.: 1

Sex of Child: Female

Date of Birth: Sept. 21 192 2

Father: David Edwin Nelson
Full Name

Mother: Annie Rebecca Jones
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Melva Nelson
Child's Name in Full

David Edwin Nelson
Signature of Father or Mother

NOV 10 1944

816-232-006-766 RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

105444

CERTIFICATE OF BIRTH

County of Bingham

City of Springfield

Registration District No. 116

File No. 13

No. ..... St.

Primary Registration District No. 2195

Registered No. 742

Hospital .....

FULL NAME OF CHILD Chloe Hawker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	Yes	Sept 30 1922

FATHER		MOTHER	
FULL NAME	Robert Samuel Hawker	FULL MAIDEN NAME	Lois Edna Goodwin
RESIDENCE	Springfield Ida	RESIDENCE	Springfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 25 P M. on the date above stated.

(Signature) McMacKinnon M.D.

Physician (Physician or midwife)

Address Aberdeen Ida

Filed Sept 30 1922 McMacKinnon Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, [illegible] 1922...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED NOV 2 1922 BUREAU OF VITAL STATISTICS

Place of Birth — City: Springfield

Street: .....

County: Bingham

File Number: 105444

Registration Dist. No.: .....

Date of Birth: Sept. 30 1922

Sex of Child: Female

Father: Robert Samuel Hawker (Full Name)

Mother: Lois Edna Goodwin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Chloe Hawker (Child's Name in Full)

Lois Edna Hawker (Signature of Father or Mother)

238-106-006-515

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 105445

RECEIVED NOV 9 1922 BUREAU OF VITAL STATISTICS

County of Bingham

~~City of~~ Ft. Hall Indian Agency

Registration District No 121 File No.

No ....., ... St.

Primary Registration District No 2194 Registered No. 398

Hospital

FULL NAME OF CHILD Clinton Scharf Jr.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—	—	—	Yes	Oct. 6, 1922. (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clinton Arthur Biggs Scharf	FULL MAIDEN NAME	Clara Ida Naeglin
RESIDENCE	Ft. Hall, Idaho	RESIDENCE	Ft. Hall, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Durango, Colorado
OCCUPATION	Mechanic - Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry R. Wheeler

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Ft. Hall Idaho

Filed Oct. 29 1922 Mrs Walter E. Patrick

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

799-105-906-433

PLACE OF BIRTH

RECEIVED
NOV 9 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

105446

County of Bingham

City of Shelley

Registration District No. 121

File No.

No. ____ St.

Primary Registration District No. 2194

Registered No. 399

Hospital

FULL NAME OF CHILD Charles McCurdy Griffith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	7 6 1922

FATHER

FULL NAME Lloyd Griffith

RESIDENCE Firth

COLOR W. AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mabel Edith McCurdy

RESIDENCE Firth

COLOR W. AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Idaho

OCCUPATION housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Male, at 1.45 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley, Ida.

Given names added from a supplemental report.

19

Registrar

Filed Oct 29 1922 Mrs Hazel E. Fabri

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Mad[illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Firth

Street: .....

County: Bingham

File Number: 105446

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: July 5 192.2

Father: John Lloyd Griffith (Full Name)

Mother: Mabel Edith McCurdy (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charles McCurdy Griffith (Child's Name in Full)

Mrs. J. L. Griffith (Signature of Father or Mother)

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

036-105-006 319

PLACE OF BIRTH

RECEIVED NOV 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-[illegible]-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105447

County of Bingham

City of Shelley

Registration District No. 131 File No.

No. [illegible] St.

Primary Registration District No. 2194 Registered No. [illegible]

Hospital

FULL NAME OF CHILD Arne George Stoneberg

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	9 / 6 / 22

FATHER		MOTHER	
FULL NAME	Gust David Stoneberg	FULL MAIDEN NAME	Ada Carlson
RESIDENCE	Idaho Falls R#4	RESIDENCE	Idaho Falls R#4
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6 30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley,

Given names added from a supplemental report.

19

Registrar

Filed Oct. 29 1922 Nathalie E. Petrie

Registrar

DEPARTMENT OF PU

STATE OF IDAHO

DEPARTMENT OF [illegible] WELFARE

Boise, Idaho, [illegible]

RECEIVED
NOV 3 1922
BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls route 4

Street: .....

County: Bonneville

File Number: 105447

Registration Dist. No. .....

Date of Birth: Sept 5th 1922

Sex of Child: Male

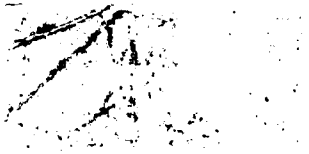
Father: Gust D. Stenberg (Full Name)

Mother: Agda Carlson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Arne George
Child's Name in Full

Mrs Gust Stenberg
Signature of Father or Mother



NOV 9 195

719-NO-006-665

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED NOV 9 1922 BUREAU OF VITAL STATISTICS

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

105448

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 401

FULL NAME OF CHILD ALTA MAY GARDNER

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	9/10 1922

FATHER		MOTHER	
FULL NAME	Orawell Gardner	FULL MAIDEN NAME	Ethel Owen
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 47 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley Ida

Filed Oct. 29 22 Mrs Walter E. Patrie

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 105448

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Alta May Gardner (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Sept 10 - 1922 (DATE OF EVENT)
in Shelley Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mothers Statement (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 2-15-1943 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Alta May Gardner

Subscribed and sworn to before me this 15 day of February, 1943

Notary Public, residing at Idaho

My commission expires 3-28-45

(SEAL)

Signed X Mrs. O. Gardner
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 19 1943

845-113-006-796

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105449

RECEIVED NOV 9 1922 BUREAU OF VITAL STATISTICS

County of Bingham

City of Shelley

Registration District No. 121.

File No.

No.

Primary Registration District No. 2194 Registered No. 402.

Hospital

FULL NAME OF CHILD Max Odell Huntsman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	9/13/22

FATHER		MOTHER	
FULL NAME	E. W. Huntsman	FULL MAIDEN NAME	Elnora Gifford
RESIDENCE	Idaho Falls R #4	RESIDENCE	Idaho Falls R #4
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7 45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Address Shelley, Ida.

Given names added from a supplemental report.

19

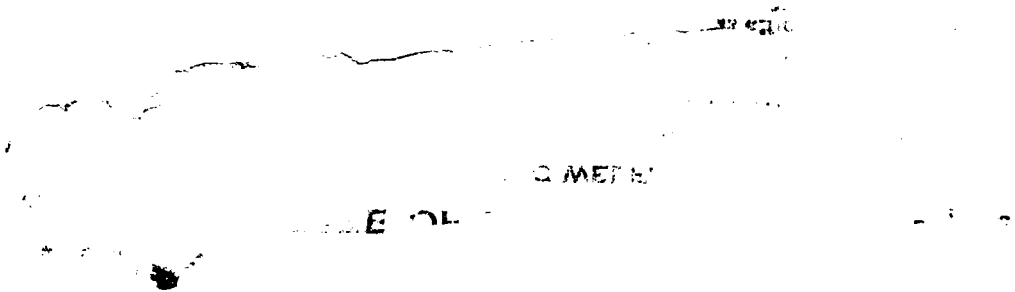
Registrar

Filed Oct. 29 1922 Mrs Nellie E. Peterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



ance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Woodville

Street:

County: Bonneville

File Number: 105449

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Sept 13 1922

Father: Evon Wesley Huntsman (Full Name)

Mother: Martha Elnora Jefford (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Max Odell

Child's Name in Full

E. W. Huntsman

Signature of Father or Mother

319-116-006-416

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED NOV 9 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105450

County of Bingham

City of Shelley

Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 463

Hospital

FULL NAME OF CHILD Vere Dau Carpenter

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
M	X		2nd	yes	9 (Month) 16 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Geo L. Carpenter	FULL MAIDEN NAME	Elizabeth H. Dau
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Shelley, Ida.

Filed Oct. 29 1922 Mrs Nates E. Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 1 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Shelley

Street:

County: Bingham

File Number: 105450

Registration Dist. No.: 30

Sex of Child: Male

Date of Birth: Sept 192[illegible]

Father: Geo. L. Carpenter (Full Name)

Mother: Elizabeth H. Daw (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Vere Daw Carpenter

Child's Name in Full

Mrs. G. L. Carpenter

Signature of Father or Mother

NOV 1941

RECEIVED

319-116 1096-416

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED NOV 9 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105451

County of Bingham

City of A Shelley

Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 404

Hospital

FULL NAME OF CHILD Vere Harry Carpenter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	X	1	yes	9 16 1922

FATHER

FULL NAME Jas L. Carpenter

RESIDENCE Shelley

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Iowa

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Elizabeth A. Law

RESIDENCE Shelley

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Utah

OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 30 A. M. on the date above stated.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley, Ida.

Filed Oct. 29 1922 Mrs Halen E. Pabst
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS.

BUREAU OF VITAL STATISTICS

Place of Birth — City: Shelley

Street:

County: Bingham

File Number: 105451

Registration Dist. No.: 30

Date of Birth: Sept 16 192 7

Sex of Child: Male

Father: Geo. L. Carpenter (Full Name)

Mother: Elizabeth H. Daw (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Verl Harry Carpenter (Child's Name in Full)

Mrs G. L. Carpenter (Signature of Father or Mother)

384-117-006-432

PLACE OF BIRTH

RECEIVED NOV 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 131 File No. 105452

Primary Registration District No. 2194 Registered No. 405

FULL NAME OF CHILD Boyd Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	9/17 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Davis Christensen	FULL MAIDEN NAME	Emma Jennie McBride
RESIDENCE	Idaho Falls R#4	RESIDENCE	Idaho Falls R#4
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley Ida.

Filed Oct. 29 1922 Mrs Thalia E. Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1941

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Shelley

Place of Birth — Street:

Place of Birth — County: Bingham

File Number: 105452

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Sep 17 192 2

Father: Davis Chris Tenson
Full Name

Mother: Emma Jennie Christenson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Boyd Christenson
Child's Name in Full

Davis Chris Tenson
Signature of Father or Mother

JAN 2 8 19

154-119006-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED NOV 1922 VITAL

CERTIFICATE OF BIRTH

105453

County of Bingham

City of Shelley

Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 406

Hospital

FULL NAME OF CHILD Boyd Jemmett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
M.				yes	9 (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Fred G. Jemmette	FULL MAIDEN NAME	Anna Christensen
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 34 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Shelley, Ida.

Filed Oct. 29 1922 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-207-006-914

PLACE OF BIRTH

RECEIVED NOV 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 53 So. Maple St.

Hospital

Registration District No. 121

File No. 105454

Primary Registration District No. 1007

Registered No. 407

FULL NAME OF CHILD ~~[illegible]~~ Howell DOROTHY HOWELL
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 7th 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Lee R. Howell	FULL MAIDEN NAME	Mary Radford
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Creamery man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Address Blackfoot Idaho

Filed Oct. 29 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

..... 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 105454

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Othel Howell (Name on Original Certificate) who was born (Was Born or Died) on Oct. 6, 1922 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Oct. 7, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Othel Howell	Dorothy Howell
birthdate	Oct. 6, 1922	Oct. 7, 1922

Subscribed and sworn to before me this 11th
day of March, 19 42

Notary Public, residing at Blackfoot, Idaho

My commission expires
(Seal)

Signed Lee P Howell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1058 South Schilling, Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11
day of March, 1942

Notary Public, residing at Blackfoot

My commission expires May 20 43
(Seal)

Signed Vern Radford
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

381-110-006-568

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105455

County of Bingham
City of Blackfoot
No. 122 N. Shilling ave. Registration District No. 121 File No.
Hospital Primary Registration District No. 1007 Registered No. 408.

FULL NAME OF CHILD Glenn William Chandler
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 10 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Lawrence W. Chandler	FULL MAIDEN NAME Glenna W. Noyes
RESIDENCE Springfield, Idaho	RESIDENCE Springfield, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Washington
OCCUPATION Farmer	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4. A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) F. M. Mitchell M.D.
(Physician or midwife)

Address Blackfoot Idaho

Filed Oct. 29 1922 Mrs Helen E. Petrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1941

555-110:006-291

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bingham
City of Blackfoot
No. Moreland St.
Hospital

RECEIVED 1922 BUREAU OF VITAL

CERTIFICATE OF BIRTH 105456

Registration District No. 121 File No.
Primary Registration District No. 2194 Registered No. 409

FULL NAME OF CHILD John Novosod.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		Yes	Oct 10 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Paul Novosod.	FULL MAIDEN NAME	Susie Kralik
RESIDENCE	Blackfoot, Idaho #4	RESIDENCE	Blackfoot, Idaho #4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Bohemia.	BIRTHPLACE	Bohemia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9. P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot, Idaho

Filed Oct. 29 1922 Mrs Hattie E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-214-006-362

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED 1922

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward # 1 St.

Registration District No. 121 File No. 105457

Hospital

Primary Registration District No. 2194 Registered No. 410

FULL NAME OF CHILD Emma Yancey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct. 14 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	James Yancey	FULL MAIDEN NAME	Effie Cobbley
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Address Blackfoot, Idaho

Filed Oct. 29 1922 Mrs Thalia E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

275-112-006-849

PLACE OF BIRTH

RECEIVED NOV 9 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 121 File No. 105458

Primary Registration District No. 2194 Registered No. 411

FULL NAME OF CHILD Raymond Spease
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 12 1922

What bactericidal solution was used in eyes? Sol. Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	R. R. Spease	FULL MAIDEN NAME	Ethel Hurst
RESIDENCE	Idaho Falls Ida. RR #4	RESIDENCE	Idaho Falls Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Va	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	House Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 12 Noon M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts M.D.
(Physician or midwife)

Address Shelley Idaho

Filed Oct. 30 1922 Mrs Walter E. Patrie
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME SPEAS

NOT CHANGE

DUP OF 22-153314

942-113-006-365

PLACE OF BIRTH

RECEIVED 1922 VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105459

County of Bonneville

City of Shelley

No. ..... St.

Registration District No. 121 File No. .....

Hospital .....

Primary Registration District No. 2194 Registered No. 412

FULL NAME OF CHILD Wesley Russell Jr.
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 13 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Wesley Russell	Ruth Evert
RESIDENCE	Woodville Ida	Woodville Ida
COLOR	W	W
AGE AT LAST BIRTHDAY	29 (Years)	26 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Roberts M.D.
Shelley Idaho
(Physician or midwife)

Address Shelley Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct. 30 1922 Wm. Halen E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-215-006-569

PLACE OF BIRTH

Amended 3-21-78

RECEIVED NOV ... 192 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 121 File No. 105460

Primary Registration District No. 2194 Registered No. 413.

FULL NAME OF CHILD DONNA NELL Hampton.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept. (Day) 15 (Year) 1922
Female		Yes	

What bactericidal solution was used in eyes? Silver Nitrate Sol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Dean Hampton	FULL MAIDEN NAME	Irene Nordby
RESIDENCE	Shelley Idaho	RESIDENCE	Shelley Ida
COLOR	W AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4.45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Robert M.D.
(Physician or midwife)

Address Shelley Idaho

Filed Oct. 30 1922 Mrs. Walter E. Patrick
Registrar.

Give names added from a supplemental report.

..... 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/23/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
FEB 3 9 40 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah }
County of Weber } ss.

Certificate No. 105460

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Helen Hampton (Name on Original Certificate) who was born (Was Born or Died) on 9/15/22 (Date of Event)
in Shelley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Helen	Donna Nell Hampton

Subscribed and sworn to before me this 31st day of January, 1978

Notary Public, residing at Ogden, Utah
My commission expires 8/7/79
(Seal)

Signed Burdette H. Tracy (HUSBAND) March 24 1918
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5240 So. 500 West OGDEN, UTAH
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Weber } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of January, 1978

Notary Public, residing at Ogden, Utah
My commission expires 8/7/79
(Seal)

Signed Burdette H. Tracy
(Signature of Any Credible Person)

5240 So. 500 West OGDEN, UTAH
(Street Address, City, State)

5440-3

FORM DH 60-155

Certificate of Blessing issued Novebmer 5, 1922, gives name of child as Donna Nell Hampton daughter of Dean Hampton and Nanna I. Nordbye born Sept. 15, 1922 at Shelly, Idaho. Blessed Nov. 5, 1922 in L.D.S. Church. Viewed by V.S.

Marriage Certificate on file with State of Utah, in Weber County. This rec ord gives name as Donna Nell Hampton, married to Burdette Tracy on August 24, 1938 Viewed by V.S.

369-227-006-649

PLACE OF BIRTH

RECEIVED
NOV 1922
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105461

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 121 File No. .....

Hospital ..... Primary Registration District No. 8194 Registered No. 414

FULL NAME OF CHILD ~~[illegible]~~ THEROL Lords.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept 27 1922

What bactericidal solution was used in eyes? Silver Md Sol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

	FATHER		MOTHER
FULL NAME	Joseph Lords	FULL MAIDEN NAME	Tressie Farnsworth
RESIDENCE	Firth Idaho	RESIDENCE	Firth Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	At Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ~~Sept~~ 10 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Roberts M.D.
(Physician or midwife)

Address Shelley Idaho

Filed Oct. 30 1922 Mrs Helen E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-229-006-957

PLACE OF BIRTH

RECEIVED
NOV 9 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 121 File No. 105462

Primary Registration District No. 2194 Registered No. 415

FULL NAME OF CHILD Violet, Lovie ~~Ad~~ Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept. 29 1922

What bactericidal solution was used in eyes? Silver Nit Sol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Arthur Anderson	FULL MAIDEN NAME	Ellen Inglestrom
RESIDENCE	Shelley Ida	RESIDENCE	Shelley Ida
COLOR	W AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Wait	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E R Roberts M.D.
(Physician or midwife)

Address Shelley, Idaho

Filed Oct. 30 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 8 1966.

154-127-006-819 amended 1/25/80

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105463

County of Bingham

City of Shelley Ida

No. ____ St. Registration District No. 121 File No. ____

Hospital ____ Primary Registration District No. 2194 Registered No. 416

FULL NAME OF CHILD Arlan Lewis Anderson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 27 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Randall Anderson	FULL MAIDEN NAME Edna Porter
RESIDENCE Shelley Ida.	RESIDENCE Shelley Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Fountain Green Utah	BIRTHPLACE Taylorville Utah
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Now alive, at 11:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. L. Egbert M.D.

Physician

(Physician or Midwife)

Address Shelley Ida

Filed Oct. 30 1922 Mrs. Hale E. Patrick

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

OCT 23 1979

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham

Certificate No. 105463

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Wayne Anderson (Name on Original Certificate) who was born (Was Born or Died) on September 27, 1922 (Date of Event)

in Shelley, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Wayne Anderson	Arlan Lewis Anderson

Subscribed and sworn to before me this 19th day of October, 1979 K.E. Kendrick

Notary Public, residing at Shelley, Idaho

My commission expires May 18, 1983

(Seal)

Signed Jennie Toone

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

15750-So-Golden Rd #574

(Street Address, City, State) Golden Colorado

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of October, 1979 K.E. Kendrick

Notary Public, residing at Shelley, Idaho

My commission expires May 18, 1983

(Seal)

Signed Louise Anderson Arave

(Signature of Any Credible Person)

R#1 - Box 148. Shelley Idaho

(Street Address, City, State)

FORM DH 60-155

CL sent 3 2 ~~87~~ 76 & 1 copy sent, rec. 6492

JAN -25 1980

Certif of Blessing from the LDS Church gives namd as Arlan Lewis Anderson son of Randall Lewis Anderson and Edna Harker. born Sept 27, 1922 at James twon, Idaho. Blessed Nov 5, 1922. viewed by V. S.

Certif of Live Birth from California gives name as Don Arlan Anderson born May 16, 1958. mother's name given as Dorotha Fae Christensen and father's name as Arlan Lewis Adnerson. viewed by V. S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

~~PLACE~~ OF BIRTH

235-130-006-897

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 105464

Primary Registration District No. 2194 Registered No. 417.

FULL NAME OF CHILD Marian Severn Stewart
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept. 30 192[illegible]

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Earl Jones Stewart	FULL MAIDEN NAME	Elmeda Higginson
RESIDENCE	Pocatello Ida.	RESIDENCE	Shelley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Pocatello Ida.	BIRTHPLACE	Hatch Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:55 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. Egbert

Physician
(Physician or midwife)

Address Shelley Ida.

Filed Oct. 30 192[illegible] Mrs Nature E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

759-202-006-614

PLACE OF BIRTH

County of Bingham Bonneville

City of Shelley

No. ..... St. .....

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 105465

Primary Registration District No. 2194 Registered No. 418

FULL NAME OF CHILD Dorothy Jean [illegible] Gerrard

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			Yes	Oct 2 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Malvern Ephraim Gerrard	FULL MAIDEN NAME Jillian Wadsworth
RESIDENCE	Shelley.	RESIDENCE Shelley
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	25 (Years)	23 (Years)
BIRTHPLACE	Taylorville Utah	Shelley Ida.
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **at** 4:30 P. M. **on the date above stated.**

(Signature) W. W. Egbert

Physician
(Physician or midwife)

Address Shelley Ida

Filed Oct. 30 1922 Mrs Thalen E. Fabris
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 9 1942

APR 15 1953

419-203-006-769

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 9 1922

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 121 File No. 105466

Hospital ..... Primary Registration District No. 2194 Registered No. 419.

FULL NAME OF CHILD Johana Martin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct. 3 1922

What bactericidal solution was used in eyes? Yes.

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Ernest Fenwood Martin	FULL MAIDEN NAME	Johana Gordon
RESIDENCE	Shelley	RESIDENCE	Shelley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Richmond Va.	BIRTHPLACE	Murray Utah
OCCUPATION	Policeman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Egbert
Physician
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

..... Registrar.

Address Shelley Ida.

Filed Oct. 30 1922 Mrs Nathan E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1922-365935

367-201-006-345

PLACE OF BIRTH

RECEIVED NOV 1922 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105467

County of Bingham

City of Blackfoot

No. No Univ St. Registration District No. 121 File No.

Hospital Primary Registration District No. 1007 Registered No. 420

FULL NAME OF CHILD Leoma Lillian Cox
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 1 1922

What bactericidal solution was used in eyes? Cargentos 2%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Wm M. Cox	FULL MAIDEN NAME	Laura H. Lindquist
RESIDENCE	Blackfoot Ida	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Neb	BIRTHPLACE	Utah
OCCUPATION	Ry Baggeman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.d. at 1 30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie
M.D.
(Physician or midwife)

Address Blackfoot Idaho

Filed Nov. 2 1922 Mrs Walter E. Patrie
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 2 1943

719-109-066-751

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105468

County of Bingham
City of Blackfoot
No. Dipple Add St.
Registration District No. 121
File No.
Hospital
Primary Registration District No. 1807
Registered No. 421

FULL NAME OF CHILD Wylie S. Parker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 9 1922

What bactericidal solution was used in eyes? Cargentos 2%

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Wylie N. Parker	FULL MAIDEN NAME	Mary E. Peabody
RESIDENCE	Blackfoot Ida	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	63	AGE AT LAST BIRTHDAY (Years)	47
BIRTHPLACE	No. Carolina	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. 8 40 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot Idaho

Filed Nov. 2 1922 Wm Walter E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-223-006-731

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV

CERTIFICATE OF BIRTH

105469

County of Bingham

City of Rose Prict.

No. ..... St.

Registration District No. 121 File No. .....

Hospital No Primary Registration District No. 2194 Registered No. 422

FULL NAME OF CHILD Marcella Rose Mitchell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 23 1922

What bactericidal solution was used in eyes? Carg entos 2%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Erastus Barnaby Mitchell	FULL MAIDEN NAME	Emma Plant
RESIDENCE	Blackfoot Route 1	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bd. 10 15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie M.D.
(Physician or midwife)

Address Blackfoot Idaho

Filed Nov. 2 1922 Mrs Helen E. Patrie
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

437-13-1906-849

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. No Oak St. Registration District No. 121 File No. 105470
Hospital Primary Registration District No. 1007 Registered No. 433

FULL NAME OF CHILD Laurence McGonagle
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 31 1922

What bactericidal solution was used in eyes? Cargon 25%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Harry C. McGonagle	FULL MAIDEN NAME Helen Lucille
RESIDENCE Blackfoot Ida	RESIDENCE Do
COLOR White AGE AT LAST BIRTHDAY 34 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Neb	BIRTHPLACE Minn.
OCCUPATION Mail Carrier	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:50 A. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie M.D.
(Physician or midwife)

Address Blackfoot Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov 2 1922 Wm Hales E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1942

389-201-006-719

PLACE OF BIRTH

RECEIVED NOV 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105471

County of Bingham

City of Moreland

No. ..... St.

Hospital .....

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 434

FULL NAME OF CHILD Ruth Christiansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 1 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James Loran Christiansen	FULL MAIDEN NAME	Thelma Park
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed Nov 3 1922 Mrs Helen E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moreland

Street:

County: Bingham

File Number: 105471

Registration Dist. No.:

Date of Birth: October 1, 1922

Sex of Child: Female

Father: James Lorin Christiansen (Full Name)

Mother: Thelma Park (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ruth
Child's Name in Full

Thelma Christiansen
Signature of Father or Mother

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 557-213-006-054

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105472

County of Bingham

City of Blackfoot

No. RF # 4 St.

Registration District No. 121 File No.

Hospital

Primary Registration District No. 2194 Registered No. 425

FULL NAME OF CHILD Vanda Hope England
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 13 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Charles Milo England	FULL MAIDEN NAME	Susan Harriett Gedde
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:08 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed Nov 3 1922 Mrs Helen E. Putnam
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

K

NOV 17 1941

DECEASED

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place: City Mareland. Street Blackfoot R 4 County Bingham

File Number 105472

Registration Dist. No. .....

Date of Birth Oct 13 1922

Sex of Child Female

Father Charles Milo England (Full Name)

Mother Susie Geddes (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Vanda Hope England (Child's Name in Full)

Mrs C. M. England (Signature of Father or Mother)

816-116-006215

PLACE OF BIRTH

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105473

County of Bingham

City of Blackfoot

No. RD # 5 St.

Registration District No. 121 File No.

Hospital

Primary Registration District No. 2194 Registered No. 426

FULL NAME OF CHILD Haffner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Oct 16 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Christian C. Haffner	FULL MAIDEN NAME	Freda Sandaw
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	South Dakota	BIRTHPLACE	South Dakota
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:30 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Blackfoot, Idaho

Filed Nov. 3 1922 Mrs Helen E. Tubrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOT

DUP OF 22-33826/

613-217-006-359

PLACE OF BIRTH

RECEIVED
NOV 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD#1 St.

Registration District No. 121 File No. 105474

Hospital

Primary Registration District No. 2194 Registered No. 427

FULL NAME OF CHILD Norma Alice Walker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 17 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Roy Walker	FULL MAIDEN NAME	Della Leierer
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed Nov 3 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO

NOV 13 [illegible]

DEPARTMENT OF PUBLIC WELFARE

[illegible] 10 [illegible]

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Blackfoot

Street .....

County Bingham

File Number 105474

Registration Dist. No. .....

Sex of Child Female

Date of Birth Oct. 17 1922

Father Roy Walker
Full Name

Mother Della Meren Leiever
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Norma Alice Walker
Child's Name in Full

Mrs. Roy Walker
Signature of Father or Mother

JUN 25 1945

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

915-22-296693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 1922
VITAL STATISTICS

CERTIFICATE OF BIRTH

105475

County of Bingham
City of Blackfoot
No. RD 4 St.
Hospital

Registration District No. 121
Primary Registration District No. 3194
File No.
Registered No. 428

FULL NAME OF CHILD Emma Avalon Rasmussen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 27 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harold Alexander Rasmussen	FULL MAIDEN NAME	Margaret Williams
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician or ~~midwife~~)
Address Blackfoot Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov 3 1922 Mrs Hallie E Talbot
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JAN 10 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ... Riverside ... File Number ... 105478

Street .....

County ... Bingham ... Registration Dist. No. .....

Sex of Child ... Female ... Date of Birth ... October 22 ... 192 2

Father ... Harold Alexander Rasmussen ... Mother ... Margaret Williams Rasmussen

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

... Emma Avalon Rasmussen ...

Child's Name in Full

... Margaret Rasmussen ...

Signature of Father or Mother

NOV 9 1972

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

866-221-006-744

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD#1 St.

Registration District No. 121 File No. 105476

Hospital

Primary Registration District No. 2194 Registered No. 429

FULL NAME OF CHILD RHEA ~~Rex~~ Luella Howard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Oct 21 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	LeRoy E. Howard	FULL MAIDEN NAME	Hannah Gummersall
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ~~Oct~~ 6P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot Idaho

Filed Nov 3 1922 Mrs Helen E. Fabrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 28 1942

368-229-006-113

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham RECEIVED

City of Blackfoot

No. RD#4 St. Registration District No. 121 File No. 105477

Hospital Primary Registration District No. 2194 Registered No. 430

FULL NAME OF CHILD Margie Ellen Loy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 29 1924

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Joseph Levi Loy	FULL MAIDEN NAME	Julia Sovia Jackson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Missouri	BIRTHPLACE	Wisconsin
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed Nov. 3 1922 Mrs Hater E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE O
FOR EAC[illegible] THE SAME COMPLETE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street:

County: Bingham

File Number: 105477

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Oct 29 192 2

Father: Joseph Lewis Loy (Full Name)

Mother: Julia Sarra Jackson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margie Ellen Loy
Child's Name in Full

Mrs. Joseph Loy
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

815-226-006 -451

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

105478

County of Bingham

City of Blackfoot

No. RD 4 St.

Registration District No. 121 File No.

Hospital Primary Registration District No. 2194 Registered No. #31

FULL NAME OF CHILD Alzina Yancey
(Certificate of no value without full name of child.)

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth | Legitimate? Yes | Date of birth Oct 26 1927
(To be answered only in event of plural births)
(Month) (Day) (Year)

What bacterieidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 10

FATHER	MOTHER
FULL NAME Emron Yancey	FULL MAIDEN NAME Dorothy Dean
RESIDENCE Blackfoot	RESIDENCE Blackfoot
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farming	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician or midwife)

Address Blackfoot, Idaho

Filed Nov 3 1927 Mrs Thales E Fabrie
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SE[illegible]SONS WHY A CEPT
[illegible]OF EACH CHILD AND THE SA

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

File Number: 105478

Street:

Registration Dist. No.:

County: Bingham

Date of Birth: Oct. 26 192 2

Sex of Child: Female

Father: Emron Yancey (Full Name)

Mother: Dorotha Eliza Dean (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Alzina Yancey
Child's Name in Full

Dorotha E. Yancey
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

168-230-006-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV ... BUREAU ... STATISTICS

CERTIFICATE OF BIRTH 105479

County of Bingham

City of Blackfoot

No. R.D. 1 St.

Registration District No. 121 File No.

Hospital

Primary Registration District No. 2194 ~~Registered~~ No. 432

FULL NAME OF CHILD Lola Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 30 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Edward B. Johnson	FULL MAIDEN NAME	Jessie Bell Hansen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed Nov 3 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street: R#1

County: Bingham

File Number: 105479

Registration Dist. No.:

Date of Birth: Oct. 30, 1922

Sex of Child: Female

Father: Edw. B. Johnson (Full Name)

Mother: Jessie Belle Hansen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lola Johnson (Child's Name in Full)

Edw. B. Johnson (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

386-231-006-994

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 1 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105480

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 433

FULL NAME OF CHILD Alice Dorothy Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Oct 31 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Aaron Milton Thompson	FULL MAIDEN NAME	Fern Rider
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Address Blackfoot, Ida

Filed Nov. 3 1922 Mrs Walter E. Palmer
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEVERAL REASONS WHY A [illegible]IFICATE OF BIRTH SHOU[illegible]
[illegible] CHILD AND THE S[illegible] COMPLETED WITH[illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number .....105480.....

Registration Dist. No. .....

Sex of Child..... **Female**

Date of Birth .....192....

Father ..... Mother .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

318-101-006-249

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R D # 2 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 105481

Primary Registration District No. 2194 Registered No. 434

FULL NAME OF CHILD VAR MAX Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov 1 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Raymond Taylor	FULL MAIDEN NAME	Mary A. Smith
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician or midwife)

Address Blackfoot Idaho

Filed Nov. 3 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

105481

State of Idaho } ss. Certificate No.

County of Bingham } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Var Max Taylor (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Nov. 1-1922 (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Var Max Taylor
Var Max Taylor		

Subscribed and sworn to before me this 19th day of January, 1942

Leon J. Shapman

Notary Public, residing at Blackfoot.

My commission expires April 6th 1942.

(SEAL)

Signed Mary A Taylor nee Mary A Halverson

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Mother

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-116-006-866

PLACE OF BIRTH

Form V. S. No. 11-O—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blkfr.

No. 10 M. N. E. St.

Hospital Chester

RECEIVED NOV 1922

Registration District No. 121

Primary Registration District No. 2194

File No. 105482

Registered No. 435

FULL NAME OF CHILD ~~[illegible]~~ Beebe

Sex of Child	Twin ~~Triplet~~ ~~Quadrupl~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1st	Yes	Sept 16 1922

FATHER		MOTHER	
FULL NAME	Thomas Beebe	FULL MAIDEN NAME	Laura Howerton
RESIDENCE	Blkfr. 10 Miles N. E.	RESIDENCE	Blkfr. 10 M. N. E.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Mo	BIRTHPLACE	Kansas
OCCUPATION	Mgr. Head of Amer F. Ditch	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Idaho

Filed Nov. 6 1922 Mrs Walter E. Watson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-116-006-866

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bgham

City of Bekpr

No. 10 M. N. E. St.

Registration District No. 121

File No. 105483

Primary Registration District No. 2194

Registered No. 436

Hospital

FULL NAME OF CHILD Lester Beebe

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	2nd	Yes	Sept 16 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Beebe	FULL MAIDEN NAME	Laura Howerton
RESIDENCE	Bekpr. 10 Miles N. E.	RESIDENCE	Bekpr 10 M. N. E.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Mo	BIRTHPLACE	Kansas
OCCUPATION	Mgr. Head of Amer F. Ditch	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Bekpr. Idaho

Filed Nov 6 1922 Mrs Walter E. Patrick

Registrar

JUL 2 1965

693-116-006-271

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bingham

City of Bekfr

No. W. Asylum St.

Hospital

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 105484

Primary Registration District No. 2194 Registered No. 437

FULL NAME OF CHILD Joseph Fitzsimmons
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	X		X	Yes	Oct 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Sol. Boricic Acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles Fitzsimmons	FULL MAIDEN NAME	Letha Sparks
RESIDENCE	Bekfr. W. Asylum	RESIDENCE	Bekfr. W. Asylum
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Battery Man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD
(Physician or midwife)

Address Blackfoot Idaho

Filed Nov. 6 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 25 1969

OCT 21 1942

168-210-006-862

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED 2/7/46

County of Bingham
City of Blackfoot
No. R.F.D. 3 St.
Hospital

Registration District No. 121
Primary Registration District No. 2194
File No. 105485
Registered No. 458

FULL NAME OF CHILD Evelyn John
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X		X	Yes	Oct. 10, 1922

What bactericidal solution was used in eyes? Sol. Boracic Acid

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Benjamin Richard John	FULL MAIDEN NAME: Lucinda Hoskin
RESIDENCE: Blackfoot, R.F.D. 3	RESIDENCE: Blackfoot, R.F.D. 3
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) J. B. Davis, M. D.
(Physician or midwife)

Address Blackfoot, Idaho

Filed Nov. 6, 1922 Mrs. Walter E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 105485

County of Bingham } Date Filed Feb. 2, 1946

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Evylin Johns (Name on Original Certificate) who Born (Was Born or Died) on Oct. 10, 1922 (Date of Event)

in Kimball, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Records (Bible Record, Insurance Policy, Etc.) prepared on August 1, 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Evylin Johns	Evelyn John
Father's Name	Benjamin Johns	Benjamin Richard John

Subscribed and sworn to before me this 2 day of February, 1946

H E Evans

Notary Public, residing at Fort Hall Idaho

My commission expires 8-1-46

(Seal)

Signed Benjamin Richard John

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Fort Hall Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

MAY 1 1974

632-227-006-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 9 192

CERTIFICATE OF BIRTH

County of Bingham

City of Blkfr

No. RFD 3 St.

Registration District No. 121 File No. 105486

Hospital

Primary Registration District No. 2194 Registered No. 439

FULL NAME OF CHILD Margret Viola Olsen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X		X	Yes	Oct 27 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Boracic Sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	George A.V.E Olsen	FULL MAIDEN NAME	Lillie Hansen
RESIDENCE	Blkfr RFD 3	RESIDENCE	Blkfr RFD 2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis MD
(Physician or midwife)

Give names added from a supplemental report.

Address Blackfoot Idaho

Filed Nov 6 1922 Mrs Walter E. Patrick
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH 8 1 75

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 1 10 52 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 105486

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Viola Olsen (Name on Original Certificate) who was born (Was Born or Died) on Oct. 27, 1922 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Margret (Viola Olsen)

Subscribed and sworn to before me this 1 day of August, 1975

"Jess" Nora Lowe
Notary Public, residing at Boise, Id.
My commission expires Sept. 18, 1977
(Seal)

Signed George S Butt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RR#1 Blackfoot Idaho
Box 265 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

Own childs birth certificate Carla DeoneButt born Dec. 31, 1954 at Blackfoot, Idaho, State file # 54-15536 gives Mothers name as Margret Viola Olsen.
Viewed by VS

Social Security Card # 519-60-4821 Margret Butt , Form OA-702. Rev. (9-61)
Viewed by VS

649-129-006-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 9 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. Mareland St.
Hospital

Registration District No. 121 File No. 105487
Primary Registration District No. 2194 Registered No. 440

FULL NAME OF CHILD Ralph L. Furniss
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	✓		3rd	yes	Sept 29 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agno 3 1/2

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Earl Furniss	FULL MAIDEN NAME	Katie Hansen
RESIDENCE	Mareland	RESIDENCE	Mareland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Blackfoot Ida

Filed Nov 6 1922 Wm Walter E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 9 1975

319-110-006-346

PLACE OF BIRTH

RECEIVED 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Moreland St.

Registration District No. 121

File No. 105488

Primary Registration District No. 2194

Registered No. 441

Hospital

FULL NAME OF CHILD Harry Larson.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	1st	Yes	Oct 10 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth. One

Number of child of this mother now living, including present birth. One

FATHER		MOTHER	
FULL NAME	Edward Larson	FULL MAIDEN NAME	Edith Edwards
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 P.M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D.
(Physician or midwife)

Address Blackfoot Idaho

Filed Nov. 6 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-127.006-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED

County of Bingham
City of Blackfoot
No. Pingree St.
Hospital

Registration District No. 121 File No. 105489
Primary Registration District No. 2194 Registered No. 442

FULL NAME OF CHILD David Eugene Cope
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Oct 27 1922

What bactericidal solution was used in eyes? agnos 1%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	May Cope	FULL MAIDEN NAME	Pearl Seeley
RESIDENCE	Pingree Ida	RESIDENCE	Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Barn alive at 6 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons
M D
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot Ida

Filed Nov. 6 1922 Mrs Helen E. Palmer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

146-201-007-255

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED 1/25/46

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 105490

Primary Registration District No. 2022 Registered No. 96

FULL NAME OF CHILD Delores Amoriza

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Female				Yes	9 (Month) – 1 (Day) 1922 (Year)

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Thomas Amoriza	FULL MAIDEN NAME: Asuncion Bengoechea
RESIDENCE: Hailey, Idaho	RESIDENCE: Hailey, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Spain	BIRTHPLACE: Spain
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Robert H. Wright, M. D.

Physician (Physician or midwife)

Address Hailey, Idaho

Filed 9 – 10 1922 Robt. H. Wright Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Santa Clara ss.

Certificate No. 105490

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)
for Dolores Amoroza (Name on Original Certificate) who was born (Was Born or Died) on September 1, 1922 (Date of Event)
in Hailey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Amorieta	Delores Amorieta
Dolores	Amoroza	Dolores Amoroza
Born September 1, 1922 - Hailey Idaho		

Subscribed and sworn to before me this 17th day of Dec, 1945
William P. Wright
Notary Public, residing at Mountain View Cal.
My commission expires
(Seal) My Commission Expires Oct. 18, 1948

Signed Thomas Amoroza Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record, or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Santa Clara ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 16th day of January, 1946
William P. Wright
Notary Public, residing at Santa Clara County, State of California.
My commission expires ~~My Commission Expires Oct. 18, 1948~~
(Seal)

Signed Eva Amoroza
(Signature of Any Credible Person)
Rt 1 Box [illegible] Mt View - Calif
(Street Address, City, State)

JUN 26 1949

AUG 14 1952

713-203-007-897

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
OCT 28 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Carey

Registration District No. 57 File No. 105491

No. _____ St.

Primary Registration District No. 2025 Registered No. 97

Hospital _____

FULL NAME OF CHILD Leah Cypress Patterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 3 1922

FATHER		MOTHER	
FULL NAME	William O Patterson	FULL MAIDEN NAME	Ethel May Sing
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:30 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder
Physician
(Physician or midwife)

Address Carey Idaho.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Filed 9-10 1922 Robert H. Wright
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .... Carey

Place of Birth — Street .....

Place of Birth — County .... Blaine

File Number 105491

Registration Dist. No. .....

Date of Birth .... Sept. 3 ..... 192.2.

Sex of Child ..... Female .....

Father .... William Oliver Patterson .....
Full Name

Mother .... Ethel May Dix .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Leah Agness Patterson .....
Child's Name in Full

..... Ethel Patterson .....
Signature of Father or Mother

JUN 12 1964

238-206-007-319

PLACE OF BIRTH

HE

JUL ... 1922

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

Registration District No. 57 File No. 105492

No. ..... St.

Primary Registration District No. 2022 Registered No. 98

Hospital .....

FULL NAME OF CHILD Doris May Schaefer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Sept (Month) 6 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Louis B. Schaffer	FULL MAIDEN NAME	Celia Coruthus
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Boca Calif	BIRTHPLACE	Bellevue Idaho
OCCUPATION	Clerk	OCCUPATION	Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Teed

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Hailey Idaho

Filed Sept-10 1922 Pole. J. H. Wright Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-220-007-747

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Blaine

CERTIFICATE OF BIRTH

City of Bellevue

Registration District No. 57 File No. 105493

No. ..... St.

Primary Registration District No. 2022 Registered No. 99

Hospital .....

FULL NAME OF CHILD Helen Eileen Sims

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	9 20 1922

FATHER		MOTHER	
FULL NAME	Delbert Sims	FULL MAIDEN NAME	Jo. Pugh
RESIDENCE	Bellevue Idaho	RESIDENCE	Bellevue Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	LeHigh Utah	BIRTHPLACE	Edensburg Mo
OCCUPATION	Clerk	OCCUPATION	Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Teed M.D.

(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9-30 1922 Porter H. Wright

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1949

253-224.007-286

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 2[illegible] 1922

CERTIFICATE OF BIRTH

105494

County of Blaine

City of Bellevue

Registration District No. 57 File No.

No. St.

Primary Registration District No. 2022 Registered No. 100

Hospital

FULL NAME OF CHILD Betty May Kelley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	9 (Month) 24 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Andrew William Kelley	FULL MAIDEN NAME	Bernice Shoemaker
RESIDENCE	Bellevue Idaho	RESIDENCE	Bellevue Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Hazelton Pa	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Miner	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Teed MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Hailey Idaho

Filed 9-30 1922 Robert H. Wright

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

135-230-007-251

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

County of Blaine

City of Picabo

Registration District No. 57

File No. 105495

No. ..... St.

Primary Registration District No. 2022

Registered No. 101

Hospital .....

FULL NAME OF CHILD Era Adoline Alexander

Sex of Child Female — Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept 30 22 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. H. Alexander	FULL MAIDEN NAME	Lillie M. Beazer
RESIDENCE	Picabo	RESIDENCE	Picabo, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Salt Lake Co. Utah
OCCUPATION	Laberor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 6

~~CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:10 P.M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. H. E. Smith

Picabo, Ida

~~(Physician or midwife)~~

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 10-10 1922 Robert H. Wright

Registrar

S-Y-CO 38071

U.S. IDAHO
DEPARTMEN BLIC WELFARE

Boise, Idaho, 3 19 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City Picafo
Street ½ mile North Picafo
County Blane county Idaho.

File Number 105495

Registration Dist. No.

Sex of Child Female

Date of Birth 30 day of Sept. 1922.

Father James Harland Alexander
Full Name

Mother Lillie May Beazer
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Era adoline Alexander
Child's Name in Full

J. H. Alexander
Signature of Father or Mother

MAY 2 1962

413-103-007-625

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 57 File No. 105496

Primary Registration District No. 2022 Registered No. 102

FULL NAME OF CHILD James Robert Mallory

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) 3 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Martin E. Mallory	FULL MAIDEN NAME	Elva Bernice Obenchain
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kelton Utah	BIRTHPLACE	Boise Idaho
OCCUPATION	Clerk	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 20 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Teed M.D.

E

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Hailey, Ida

Filed 10-20 1922 Robert H. Wright

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
DEC 5 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, NOV 1 ....

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .... Hailey

Street .....

County .... Blaine

File Number 105496

Registration Dist. No. .....

Date of Birth .... Oct. 3. .... 192.2

Sex of Child .... Male

Father Martyn E. Mallory. (Full Name)

Mother Elva Bernice Obenchain. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Robert Mallory. (Child's Name in Full)

Mrs. Martyn E. Mallory (Signature of Father or Mother)

K

JUN 4 1951

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

359-206-007-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED 1922

County of Blaine

City of Bellevue — Registration District No. 57 — File No. 105497

No. ____ St.

Primary Registration District No. 2022 — Registered No. 103

Hospital ____

FULL NAME OF CHILD Wilma Ethelyn Leichliter

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	10	6	1922

FATHER	MOTHER
FULL NAME Levi Hamilton Leichliter	FULL MAIDEN NAME Elda Viola Carlson
RESIDENCE Bellevue Idaho	RESIDENCE Bellevue Idaho
COLOR White — AGE AT LAST BIRTHDAY 32 (Years)	COLOR White — AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Clayton Kan	BIRTHPLACE Cusco Neb
OCCUPATION Farmer	OCCUPATION Wife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 7 50 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Todd MD

(Physician or midwife)

Address Hailey, Ida

Given names added from a supplemental report. ____ 19____

Registrar

Filed 10-20 1922 Robert A. Wright

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ____ } ss.
County of ____

Certificate No. 105497

Date Filed ____

The undersigned does solemnly swear that certain facts on the certificate of ____ (Birth or Death) for ____ (Name on Original Certificate) who ____ (Was Born or Died) on ____ (Date of Event) in ____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Wilma Ethelyn Leichliter
surname	Leichtleiter	Leichliter

Subscribed and sworn to before me this 29 day of November, 19 43

Notary Public, residing at Twin Falls, Idaho

My commission expires Feb. 27, 1945
(Seal)

Signed Zu Leichliter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 2, Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of November, 19 43

Notary Public, residing at Twin Falls, Idaho

My commission expires Feb. 27, 1945
(Seal)

Signed Harry Eaton
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

DEC 3 1943

FEB 24 19

281-204:007-295

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105498

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

RECEIVED NOV 8 1922

Registration District No. 57 File No. .....

Primary Registration District No. 2022 Registered No. 104

FULL NAME OF CHILD Irma Shaffer

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	10-4-192 2

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Thomas W. Shaffer	FULL MAIDEN NAME	Bessie Kingsbury
RESIDENCE	Hailey, Ida	RESIDENCE	Hailey, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey, Ida

Filed 10-20 192 2 Robert H. Wright

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-112-007-271

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 8 1922
VITAL

CERTIFICATE OF BIRTH

County of Blaine
City of Bellevue
No. ..... St.
Hospital

Registration District No. 57 File No. 105499
Primary Registration District No. 2022 Registered No. 105

FULL NAME OF CHILD Samuel Merril Granieb
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	10-12-1922

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Samuel Granieb	FULL MAIDEN NAME	Millie Sparks
RESIDENCE	Bellevue, Ida	RESIDENCE	Bellevue, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	New Mexico	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:36 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.
(Physician or ~~midwife~~)

Address Hailey, Ida

Filed 10-15 1922 Robert H. Wright
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

STATE OF ID

DEPARTMENT OF PUBL ARE

NOV 13 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED NOV 29 1922 BUREAU OF VITAL STATISTICS

Place of Birth: City Bellevue; Street; County Blaine

File Number 105499

Registration Dist. No.

Sex of Child Male

Date of Birth Oct 12 1922

Father Samuel Graviet (Full Name)

Mother Millie Graviet (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Samuel Merril Graviet
Child's Name in Full

Mrs Samuel Graviet
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

245-11-1007-619

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105500

RECEIVED
NOV 8. 1922

County of Blaine

City of Hailey

No. ____ St.

Registration District No. 57

File No. ____

Hospital ____

Primary Registration District No. 2022

Registered No. 107

FULL NAME OF CHILD Steven Edward Brenahan

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	10-17-1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2

Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Harry L. Brenahan	Orphia J. Ward
RESIDENCE	Hailey, Ida	Hailey, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	21
BIRTHPLACE	Indiana	Idaho
OCCUPATION	Electrician	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Robert H. Wright M.D.
(Physician or midwife)

Address Hailey Ida

Filed 10-20 1922 Robert H. Wright
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED
NOV 20 1922
BUREAU OF
STATISTICS

Place of Birth — City: Hailey

Street:

County: Blaine

File Number: 105500

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Oct. 17 1922

Father: H. L. Breenahan (Full Name)

Mother: Orphia Jeannette Ward (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Steven Edward Breenahan
Child's Name in Full

H. L. Breenahan
Signature of Father or Mother

219.214.007-365

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105501

County of Blaine

City of Carey

Registration District No. 57

File No.

No. St.

Primary Registration District No. 2045

Registered No. 108

Hospital

FULL NAME OF CHILD ~~[illegible]~~ MARGARET Condie Baird

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	7 (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	James A. Baird	FULL MAIDEN NAME	Ada B. Condie
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Carey, Ida

Filed 11-1 1922 Robert H. Wright
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF [illegible]

State of Idaho
County of Blaine } ss.

Certificate No. [illegible]

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Margret Paine (NAME ON ORIGINAL CERTIFICATE) who Was Born (WAS BORN OR DIED) on July 14-1922 (DATE OF EVENT) in Carey (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 14-1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Margret	Margaret

Subscribed and sworn to before me this 30th day of March, 1942

W. F. Adamson

Notary Public, residing at Carey Ida

My commission expires Feb 9th - 1943

(SEAL)

Signed .....

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Blaine } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of March, 1942

W. F. Adamson

Notary Public, residing at Carey - Ida.

My commission expires Feb 9 - 1943

(SEAL)

Signed James A Paine

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

248-215-007-845

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

No. ..... Street

Hospital .....

RECEIVED NOV 8 1922 BUREAU OF VITAL STATISTICS

Registration District No. 57 File No. 10502

Primary Registration District No. 2022 Registered No. 106

FULL NAME OF CHILD LaRAY ARDELL BUHLER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	10 - 15 1922

What bacterieidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Eph. W. Buhler	FULL MAIDEN NAME: Dora Hunt
RESIDENCE: Bellevue, Ida	RESIDENCE: Bellevue, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Born alive at 12 P M.
(Born alive or stillborn)

I hereby certify that I attended the birth of this child, who was born on the date above stated.

(Signature) Robert H. Wright M.D.
(Physician or midwife)

Address Hailey Ida

Filed 10-20 1922 Robert H. Wright
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 105502
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Laray Ardell Buhler (Name on original certificate) who was born (Was born or died) on Oct. 15, 1922 (Date of event)
in Bellevue, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Buehler	LaRay Ardell Buhler
Surname	Buehler	Buhler

Subscribed and sworn to before me this 23rd
day of December, 19 41

Edith B. Benjamin

Notary Public, residing at San Diego, Calif.
My commission expires Nov. 23, 1945
[SEAL]

Signed Ephm. W. Buehler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gen. Del., National City, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on DEC 26 1941 By .....
(Registrar's signature)

219-218-007-255

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Blaine NOV 6 192

CERTIFICATE OF BIRTH

City of Carey

A. Registration District No. 57 File No. 105503

No. ____ St.

Primary Registration District No. 2075 Registered No. 109

Hospital ____

FULL NAME OF CHILD Beth Barton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				yes	7	18	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Amos Barton	Ella Selly
RESIDENCE	Carey	Carey
COLOR	W Male	W Fale
AGE AT LAST BIRTHDAY (Years)	37	36
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E[redacted]der

Physician

(Physician or midwife)

Given names added from a supplemental report.

____ 19____

Registrar

Address Carey Idaho

Filed 11-1 1922 Robert H. Wright.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 2 1964

958-212-007-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration Dist. 57 File No. 105504

Primary Registration District No. 2022 Registered No. 114

FULL NAME OF CHILD Martha Lee Reynolds

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1st	yes	Oct 12 1922

FATHER	MOTHER
FULL NAME Ralph S. Reynolds	FULL MAIDEN NAME Stella A Nelson
RESIDENCE Hailey Idaho	RESIDENCE Hailey Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Mo	BIRTHPLACE Kansas
OCCUPATION Electric Mining Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) Oct 12, at 1.45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. T. Brock M.D. (Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-1 1922 Robert H. Wright Registrar

319.124.007-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED NOV 8 1922

CERTIFICATE OF BIRTH

105505

County of Blaine

City of Carey

No. _____ St.

Registration District No. 57 File No. _____

Primary Registration District No. 2075 Registered No. 110

Hospital _____

FULL NAME OF CHILD Melvin John Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 24 1922

FATHER		MOTHER	
FULL NAME	Parley J. Carlson	FULL MAIDEN NAME	Mary E. Briggs
RESIDENCE	Carey	RESIDENCE	~~Carey~~ Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:40 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) Houston E Snyder

Physician

(Physician or Midwife)

Address Carey, Ida.

Filed 11-1 1922 Robt. H. Wright Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1984

459-125-007-296

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED NOV 8 1922 UTAH BUREAU OF VITAL STATISTICS

County of Blaine

City of Carey — Registration District No. 57 — File No. 105506

No. ____ St. ____

Primary Registration District No. 2045 — Registered No. 111

Hospital ____

FULL NAME OF CHILD Avon Darell Merrell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 25 1922

FATHER		MOTHER	
FULL NAME	Joseph Merrell	FULL MAIDEN NAME	Sarah D. Brown
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:20a M. on the date above stated.

(Signature) Houston E Snyder
Physician
(Physician or midwife)

Address Carey, Ida

Filed 11-1 1922 Robert H. Wright
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV [illegible] 192[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City: Carey
Street: ~~[illegible]~~
County: Blaine

File Number: 105506

Registration Dist. No.:

Date of Birth: September 25 1924

Sex of Child: Male

Father: Joseph Merrell
Full Name

Mother: Sarah Delilia Brown
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Avon Darell Merrell
Child's Name in Full

Mrs. Delilia Merrell
Signature of Father or Mother

NOV 23 192[illegible]
BUREAU OF VITAL STATISTICS

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

253-125-007-719

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105507

County of Blaine

City of Carey — Registration District No. 57 — File No.

No. ____ St. ____ — Primary Registration District No. 2075 — Registered No. 112

Hospital ____

FULL NAME OF CHILD Chester James Kelly

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept. 25 1922

FATHER

FULL NAME: James E. Kelly

RESIDENCE: Carey

COLOR: White — AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Estella Parke

RESIDENCE: Carey

COLOR: White — AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 7 — Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Houston E Snyder
Physician
(Physician or Midwife)

Address Carey, Ida

Filed 11-1 1922 Robert H. Wright.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Carey

Place of Birth — [redacted]: Idaho

Place of Birth — County: Blaine

File Number: 105507

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Sept 25 192 2

Father: James Edward Kelly (Full Name)

Mother: Estella Parker (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Chester James Kelly (Child's Name in Full)

James E. Kelly (Signature of Father or Mother)

APR 2 " 19[redacted]

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

299-122-007-713

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Blaine

RECEIVED
NOV 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Carey

Registration District No. 57 File No. 105508

No. ____ St. ____

Primary Registration District No. 2075 Registered No. 113

Hospital ____

FULL NAME OF CHILD Robert David Briggs

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	10 22 1922

FATHER	MOTHER
FULL NAME William G. Briggs	FULL MAIDEN NAME Sarah E. Patterson
RESIDENCE Carey	RESIDENCE Carey
COLOR W Male	COLOR W Fule
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE England	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:05 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder
Physician
(Physician or midwife)

Address Carey, Ida

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed 11-1 1922 Robert H. Wright
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

NOV 1 3 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not given on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

RECEIVED
APR 14 1923
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Carey

Street: .....

County: Blaine

File Number: 105508

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Oct 22nd 192 2

Father: William Greenwood Briggs (Full Name)

Mother: Sarah E Patterson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert David Briggs

Child's Name in Full

William Greenwood Briggs

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

142-105-009-314

[redacted] E OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Talache

No. ____ St.

Registration District No. 78 File No. 105509

Hospital ____ Primary Registration District No. 2155 Registered No. ____

FULL NAME OF CHILD Wayne Amsbury
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	10/5/22 192

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: George Albert Amsbury	FULL MAIDEN NAME: Catherine Irene Cameron
RESIDENCE: Talache	RESIDENCE: Talache
COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: So. Dakota	BIRTHPLACE: Wis.
OCCUPATION: Steel sharpener, (mine)	OCCUPATION: Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. Wallin

M.D.
(Physician or midwife)

Address Sandpoint

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov 2 1922 Viola Allen
Deputy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-22-009-961

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105510

County of Bonner

City of Sandpoint

No. ____ St.

Hospital ____

Registration District No. 76

Primary Registration District No. 2155

File No. ____

Registered No. ____

FULL NAME OF CHILD Dorothy Vivien Cowell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	10/22/22 192

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 6

Number of child of this mother now living, including present birth 4

FATHER

FULL NAME: Charles Benjamin Cowell

RESIDENCE: Sandpoint R 1

COLOR: White

AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Mich

OCCUPATION: logger

MOTHER

FULL MAIDEN NAME: Hazel Roach

RESIDENCE: Sandpoint

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Tenn.

OCCUPATION: Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) N. R. Wallentine

M.D.
(Physician or midwife)

Address Sandpoint, Ida

Filed Nov 2 1922 Ursula Allen
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 4 1975

295-122-009-314

PLACE OF BIRTH

RECEIVED NOV 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105511

County of Bonner

City of Westmond

No. ____ St.

Registration District No. 78

File No. ____

Hospital ____

Primary Registration District No. 2155

Registered No. ____

FULL NAME OF CHILD Edward James Binder.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 22 1922

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 1 1 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Adolph Edward Binder	FULL MAIDEN NAME	Rosa E. Campeau
RESIDENCE	Westmond Idaho	RESIDENCE	Westmond Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Missoula, Mont.
OCCUPATION	Mfgr.	OCCUPATION	~~Farmer~~ Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Mrs. Julia Vigue

[redacted] midwife

Address Sandpoint, Idaho (rural)

Filed Nov 2 1922 Viola Allen
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393-226-009-955

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105512

County of Bonner

City of Sandpoint Idaho

No. 523 Oak St., St.

Hospital City

Registration District No. 17

Primary Registration District No. 215

File No.

Registered No.

FULL NAME OF CHILD Lois Litrenta
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct. 26 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Thomas Litrenta	FULL MAIDEN NAME: Gladys Reece
RESIDENCE: 523 Oak St.	RESIDENCE: 523 Oak St.,
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: France	BIRTHPLACE: Sprague Wash.,
OCCUPATION: Common Laberer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:20 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Page M.D.
(Physician or midwife)

Address Sandpoint Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov 2 1922 Leila Allen
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 19 1960

453-112-009-533

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

REC... NOV 0 1922

CERTIFICATE OF BIRTH

105513

County of Bonner

City of Talache

No. ..... St.

Hospital .....

Registration District No. 78

Primary Registration District No. 2155

File No. .....

Registered No. .....

FULL NAME OF CHILD Robert Kenneth Detillian
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes.	Oct 12 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Charles Edward Detillian	FULL MAIDEN NAME	Hazle Francis Elliott
RESIDENCE	Talache	RESIDENCE	Talache.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Fortoria Oregon.	BIRTHPLACE	Billstate Mo.
OCCUPATION	Miner.	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:10 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Stackhouse
M.D.
(Physician or midwife)

Address Sandpoint.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed Nov 2 1922 Viola Allen
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-203009-696

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner
City of Sandpoint
No. 606 N 5th St.
Hospital

RECEIVED NOV 22 BUREAU OF VITAL STATISTICS

Registration District No. 78 File No. 10514
Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Infant Veronica McBride
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Oct. 3, 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wm Lawrence McBride	FULL MAIDEN NAME	Cora O'Rorke
RESIDENCE	Sandpoint 606 N 5th	RESIDENCE	Sandpoint 606 N 5th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Cheyenne, Wyo.	BIRTHPLACE	Marinette, Wisc.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M. D.
(Physician or midwife)

Address Sandpoint, Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Nov. 2 1922

Viola Allen Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-204-009-335

PLACE OF BIRTH

RECEIVED NOV

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint, Ida.

No. Jefferson St.

Registration District No. 78 File No. 105515

Hospital

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Daisy Louise Stamm
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	Oct. 4 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Edward A. Stamm	FULL MAIDEN NAME	Helen Clendenning
RESIDENCE	Sandpoint, Ida.	RESIDENCE	Sandpoint, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Fort Scott, Kansas	BIRTHPLACE	Helena, Mont.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:26 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle

M. D.
(Physician or midwife)

Address Sandpoint, Ida.

Filed Nov. 2, 1922 Viola Allen Deputy Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-221-009-265

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105516

County of Bonner

City of Sandpoint

No. 316 S. Lavina St.

Registration District No. 78 File No.

Hospital

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Mable Marie Decker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Oct. 21 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Hasen Leo Decker	FULL MAIDEN NAME	Lena Mable Sweet
RESIDENCE	Sandpoint 316 S. Lavina	RESIDENCE	Sandpoint 316 S. Lavina
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Melbrook, Michigan	BIRTHPLACE	White Cloud, Mich
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Floyd E. Sandle M. D.
(Physician or midwife)

Address Sandpoint, Ida.

Filed Nov. 2, 1922 Viola Allen Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 15 1944

238-226-009-291

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105517

County of Bonner

City of Priest River

No. — St. Registration District No. 85 File No. 3

Hospital Priest River Primary Registration District No. 2185 Registered No. 217

FULL NAME OF CHILD Anna Teresa Schaefer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct. 26 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	John C. Schaefer	FULL MAIDEN NAME	Marguerite Brackendorf
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Lumberman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Priest River Ida

Filed Nov. 1 1922 [signature] Registrar.

...RMANENT RECORD
...irth a SEPARATE RETURN must be made for each
...ber of each, in order of birth stated.

MAR 7 1942

REC'D NOV. 9, 1922

State of Idaho

CERTIFICATE OF LIVE BIRTH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS BIRTH UNDER IDAHO CODE 39-241(k) & 39-274

State File No. 105518
Local Reg. No. 217

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

CHILD

1. CHILD'S NAME (FIRST) (MIDDLE) (LAST): CARL — MATLOCK

2. DATE OF BIRTH (Month, Day, Year): OCT. 23, 1922

3. TIME OF BIRTH: 12:01 A M

4. SEX: MALE

5. CITY, TOWN, OR LOCATION OF BIRTH: PRIEST RIVER

6. COUNTY OF BIRTH: BONNER

7. TYPE OF BIRTHPLACE (Specify type)
☐ Hospital ☐ Freestanding Birthing Center ☐ Residence
☐ Clinic/Doctor's Office ☐ Other (Specify) _____

8. NAME AND ADDRESS OF FACILITY (If not a facility enter name of place, street and number)

CERTIFIER/ ATTENDANT

9. I certify that stated information concerning this child is true to the best of my knowledge and belief.
Signature ► CARL P. GETZLAFF, M.D.

10. DATE SIGNED: NOV.1,1922

11. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type or print)
Name _____
☐ M.D. ☐ D.O. ☐ C.N.M. ☐ Other Midwife ☐ Naturopath
☐ Other (Specify) _____

12a. CERTIFIER'S NAME AND TITLE (Type or print)
Name CARL P. GETZLAFF, M.D. License No. _____
☒ M.D. ☐ D.O. ☐ C.N.M. ☐ Other Midwife
☐ Naturopath ☐ Other (Specify) _____

13. ATTENDANT'S MAILING ADDRESS (Street or Route Number, City or Town, State, Zip Code)

12b. CERTIFIER'S MAILING ADDRESS (Street or Route No., City or Town, State, Zip Code)
PRIEST RIVER, IDA

14a. REGISTRAR'S SIGNATURE
► CARL P. GETZLAFF, M.D.

14b. DATE SIGNED BY REGISTRAR (Month, Day, Year): NOV. 1, 1922

MOTHER

15a. MOTHER'S PRESENT NAME (FIRST, MIDDLE, LAST): MAUDE E. MATLOCK

15b. MAIDEN SURNAME: NEAR

16. DATE OF BIRTH (Month, Day, Year): 5-28-1885

17. BIRTHPLACE (State or Foreign Country): IOWA

18a. RESIDENCE — STATE: IOWA

18b. COUNTY: HARDIN

18c. CITY, TOWN, OR LOCATION: ELDORA

18d. STREET AND NUMBER

18e. INSIDE CITY LIMITS? ☒ Yes ☐ No

18f. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only)

FATHER

19. FATHER'S NAME (FIRST) (MIDDLE) (LAST): HENRY MALCOLM MATLOCK

20. DATE OF BIRTH (Month, Day, Year): 5-28-1886

21. BIRTHPLACE (State or Foreign Country): TENNESSEE

INFORMANT

22. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.
(Name of Parent or Guardian) ► MAUDE E. MATLOCK

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

319-218-009-884

PLACE OF BIRTH

RECEIVED NOV 9 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105519

County of Bonner

City of Priest River

No. — St.

Registration District No. 85 File No. 3

Hospital —

Primary Registration District No. 2185 Registered No. 216

FULL NAME OF CHILD Laura Jean Carr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct. 18 1922

What bactericidal solution was used in eyes? Argyrol 20% D

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James Carr	FULL MAIDEN NAME	Flossie Hydorn
RESIDENCE	Priest River, Ida	RESIDENCE	Priest River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Minn.	BIRTHPLACE	Idaho
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 10:12 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Priest River Ida

Filed Nov 1 1922 C. P. Getzloff
Registrar

JUN 2 1943

JUL 21 1955

753-114-009-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105520

County of Bonner

City of Priest River

No. - St.

Hospital -

Registration District No. 85 File No. 3

Primary Registration District No. 2185 Registered No. 215

FULL NAME OF CHILD THOMAS JAMES PETERSEN
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct. 14 1922

What bactericidal solution was used in eyes? ARgyrol 20 0/0

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Thomas Petersen	FULL MAIDEN NAME	Lucy Brown
RESIDENCE	Priest River, Idaho.	RESIDENCE	Priest River, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Michigan	BIRTHPLACE	Oregon
OCCUPATION	Prop. of Pool Hall.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Priest River Ida

Filed Nov. 1 1922 [signature] Registrar

Give names added from a supplemental report.

....., 192...

..... Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

SEP 11 1942

Certificate No. 105520
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Thomas James Petersen (Birth or Death) for Thomas Peterson (Name on Original Certificate) who Born (Was Born or Died) on Oct 14 - 1922 (Date of Event), in Priest River Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptism Papers (Bible Record, Insurance Policy, Etc.) prepared on 24 Dec - 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Peterson	Petersen
Name	Thomas	Thomas James

Subscribed and sworn to before me this 5 day of Sept, 1942
Carl F. Beyers
Notary Public, residing at Seattle
My commission expires Sept - 25 - 1943
(Seal)

Signed Mrs Thomas Glenn Petersen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
7732-16 ave S.W. Seattle Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.
County of King }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of Sept, 1942
Carl F. Beyers
Notary Public, residing at Seattle
My commission expires Sept. 25 - 1943
(Seal)

Signed Mrs Leo E. Wall
(Signature of Any Credible Person Other Than Previous Year)
7732-16 Ave. S.W. Seattle Wash
(Street Address, City, State)

SEP 12 1942

255-220-009-434

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105522

County of Bonner

City of Newport

Registration District No. 85 File No. 3

No. ..... St.

Primary Registration District No. 2185 Registered No. 213

Hospital .....

FULL NAME OF CHILD Freda Kennedy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Sept 20 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hugh A Kennedy	FULL MAIDEN NAME	Dillie McMillan
RESIDENCE	Newport	RESIDENCE	Newport
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Sealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 05 AM M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr V. C. Cleveland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Newport Wn.

Filed Nov. 1 1922 C. Pegetzoff Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 0 1942

238-221-009-363

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED NOV 9 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105523

County of Bonners

City of Newport

Registration District No. 85 File No. 3

No. ..... St.

Primary Registration District No. 2185 Registered No. 212

Hospital .....

FULL NAME OF CHILD Edna Bernice Schailgel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Aug (Month) 21 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Paul Schailgel	FULL MAIDEN NAME	Minnie Cottrel
RESIDENCE	Newport	RESIDENCE	Newport
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Germany	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 40 AM, on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr V. C. Cleveland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Newport, Wc

Filed Nov 1 1922 C. P. Getzlaff Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-223-009-231

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

105524

County of Bonner

RECEIVED 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Newport

Registration District No. 85 File No. 3

No. ..... St.

Primary Registration District No. 2185 Registered No. 211

Hospital .....

FULL NAME OF CHILD Gladys Marie Knapp.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	Sept 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chester A Knapp	FULL MAIDEN NAME	Bessie Blanford
RESIDENCE	5 mi N.E. Newport	RESIDENCE	5 mi N.E. Newport
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wis.	BIRTHPLACE	Wash.
OCCUPATION	Lumber	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 30 PM on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr V. C. Cleveland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Newport Wn

Registrar

Filed Nov. 1 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-125 [redacted] 819

PLAC[redacted]

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Ares

Registration District No. 59

File No. 105525

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD LOUIS Lyron Gates

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	9/25/22

FATHER		MOTHER	
FULL NAME	George W. Gates	FULL MAIDEN NAME	Eva A. Harbuss
RESIDENCE	Ares, Idaho	RESIDENCE	Ares, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	McCammon, Idaho
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Ares, Ida

Filed 9/25 1922 [signature]

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Silver Bow }

Certificate No. 105525

FEB 2 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Louis Byron Gates (Name on original certificate) who born (Was born or died) on Sept 25 1922 (Date of event)
in Arco Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother's statement (Bible record, insurance policy, etc.) prepared on date birth certificate was filled out and turned in by Dr. Fox. (Relative date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Byron Gates	Louis Byron Gates

Subscribed and sworn to before me this 29th
day of January, 1942

Charles Brogan
Notary Public, residing at Butte, Montana
My commission expires January 24, 1943.
[SEAL]

Signed Mrs. George W Gates mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3227 Keokuk St. Butte Mont
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Silver Bow }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of January, 1942

Charles Brogan
Notary Public, residing at Butte, Montana
My commission expires January 24, 1943
[SEAL]

Signed Gus Dolton.
(Signature of any credible person other than the previous affiant.)
227 Brogan ave. Kalkaska Mont.
(Street Address, City, State)

Received for filing on FEB 2 1942 By
(Registrar's signature)

437-103-012 854

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105527

County of Butte

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

City of Arco

Registration District No. 59

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Daniel Peter McPherson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	9-3-22

FATHER		MOTHER	
FULL NAME	Daniel Peter McPherson	FULL MAIDEN NAME	Muriel Hedlow
RESIDENCE	Arco Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Eureka Utah	BIRTHPLACE	Montana
OCCUPATION	Stockman	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Arco, Idaho

19

Filed 9-3 19

[signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Lemhi

Certificate No. 105527
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for Daniel Peter McPhearson (Name on original certificate) who was born (Was born or died) on Sept. 3rd 1922 (Date of event) in Arco, Idaho. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on Sept. 3rd 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	McPhearson	McPherson
Name	Daniel Peter McPhearson	Dan P. McPherson Jr.
Year of birth	none given	born Arco 1922 G.A. Hendlow

Subscribed and sworn to before me this 27th day of September, 19 41

G.A. Hendlow
Notary Public, residing at Salmon
My commission expires 9-5-44
[SEAL]

Signed Mr and Mrs G Hendlow Idaho
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Salmon, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lemhi

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of September, 1941

G.A. Hendlow
Notary Public, residing at Salmon, Idaho.
My commission expires 9-5-44
[SEAL]

Signed Owen P. Barnes
(Signature of any credible person other than the previous affiant.)

Salmon, Idaho.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

SEP 29 1966
OCT 30 1972

155-103-012-269

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105528

County of Butte

City of Moore

Registration District No. 59 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Vaughn Louis Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	9 3 1922

FATHER		MOTHER	
FULL NAME	Joseph E Jensen	FULL MAIDEN NAME	Laura Jensen
RESIDENCE	Moore Idaho	RESIDENCE	Moore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 9/4 1922

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 13 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Oct. 3, 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moore

Place of Birth — Street:

Place of Birth — County: Butte Co.

File Number: 105528

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Sept. 3, 1922

Father: Joseph C. Jensen (Full Name)

Mother: Laura G. Sorensen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Vaughan Louis Jensen
Child's Name in Full

Mrs. Laura Jensen
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

466-23-013-8

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield Registration District No. 58th File No. 105529

No. 15 miles North East

Primary Registration District No. 2138 Registered No.

Hospital

FULL NAME OF CHILD Doris Iona Dow

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		3rd	Yes.	Sept. 13th 1922

FATHER

FULL NAME: Ira Orin Dow

RESIDENCE: Fairfield Idaho

COLOR: white AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Myrtle Minnie Hansell

RESIDENCE: Fairfield, Idaho

COLOR: white AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth 3rd — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11-25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Ira Orin Dow
Father
(Physician or midwife)

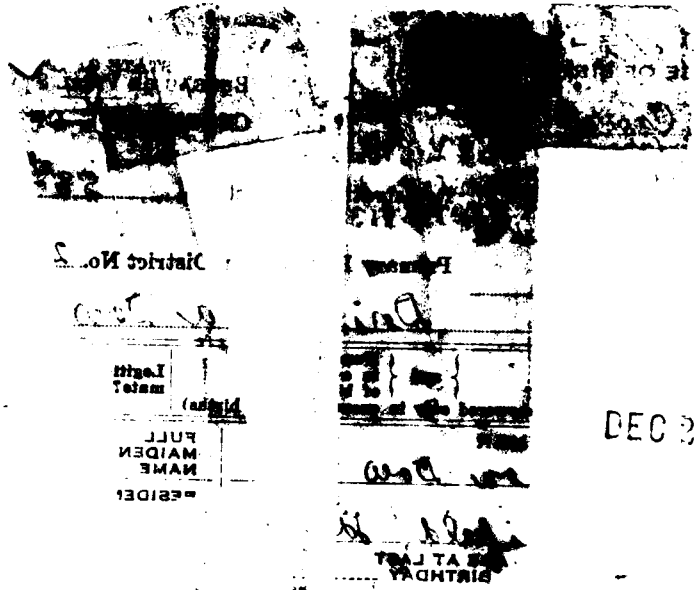
Address Fairfield, Idaho

Filed 10-23 1922 L Willencheck
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DEC 27 1974

SEP 17 1941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Parma R.D.

Registration District No. 3

File No. 105530

No.

Registration District No. 2007

Registered No. 66

Hospital

Full Name of Child John Phillip Young

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Aug 30 22 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Rach. H. Young	FULL MAIDEN NAME	Marian Murray
RESIDENCE	Parma R.D.	RESIDENCE	Parma R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 19. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Parma

Filed 9-2 1922 Lulu Waldrop

Registrar

JUN 2 9 1942

DEC 2 1941

JAN 2 9 1945

795-220-014-132

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 105532

No. ..... St.

Hospital Home

Primary Registration District No. 2007 Registered No. 69

FULL NAME OF CHILD Mary Belle Green

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept (Month) 20 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	W. G. Green	FULL MAIDEN NAME	Edith Akes
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Deadwood S.D.	BIRTHPLACE	Crawford Neb
OCCUPATION	Labour	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A M. on the date above stated.

1% Ag NO3 used

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed 10-10 1922 Luke Naddrop
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Bure

(202)

District Mc

Administration D

JUL 13 1983

393-112-014-365

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 9 File No. 105533

No. ..... St.

Hospital Home Primary Registration District No. 2007 Registered No. 67

FULL NAME OF CHILD Ronald Eugene Lilly

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 12 1922

FATHER

FULL NAME G. W. Lilly

RESIDENCE Wilder Idaho

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Bucher City Ill

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Cleo Connell

RESIDENCE Wilder Idaho

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Adrian Oregon

OCCUPATION H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. W. Beach M.D.

(Physician or midwife)

Address Wilder Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 10 1922 Lulu Waldorf

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 8 1942

493-115-014-863

PLACE OF BIRTH Canyon

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105534

County of Malheur, Ore

City of Parma - R.F.D. #3

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2007

Registered No. 68

Hospital

Full Name of Child James Holly Miller

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		yes	Sept 15 1922

FATHER		MOTHER	
FULL NAME	Frank A. Miller	FULL MAIDEN NAME	Romilda H. Holly
RESIDENCE	Parma, Ida - R.F.D. #3	RESIDENCE	Ill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Ill.	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Waldorf, M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed Oct 10 1922 Lulu Waldorf Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-109-014-236

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 105535

No. ..... St.

Hospital Home

Primary Registration District No. 2003 Registered No. 70

FULL NAME OF CHILD Roy Lon Crouch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 9 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. Lon Crouch	FULL MAIDEN NAME	Leona May Stone
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Bear Lake Ida	BIRTHPLACE	Salem Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

1% ag No 3 used

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 40 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed 10-10 1922 Luke Waldrop
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-113-014-962

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 105536

No. 4th St.

Primary Registration District No. 1006 Registered No.

Hospital Yes

FULL NAME OF CHILD Thomas Cleveland Scott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug. (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Frank M. Scott	FULL MAIDEN NAME	Martha Robinson
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Nebraska	BIRTHPLACE	Ohio
OCCUPATION	Jeweler	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. C. Robinson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 1017 4th St. Nampa

Filed Oct. 10 1922 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 28 1955

SEP 4 1942

JAN 23 1943

646-122-014-292

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105537

County of Canyon

City of Nampa.

No. 418-13th S. St.

Registration District No. 7 File No.

Hospital

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Edward Burton O'Donnell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept. 22. 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Eugene B. Odonnell	FULL MAIDEN NAME	Margaret F. Bishop.
RESIDENCE	Nampa, Idaho.	RESIDENCE	Nampa, Idaho.
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Tailor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 5:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. K. Proctor

Physician.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct 10 1922 Pearle Dodds.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 5 1960

642-119-014-335

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105538

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. Colonial Flats

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD Eugene Robert Weusend

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			1	yes	9 — 19 — 22

FATHER		MOTHER	
FULL NAME	W. F. Weusend	FULL MAIDEN NAME	Francis Cleveland
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Supt. of Schools	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born alive, at 1-37 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Dr H. C. Robinson
Physician
(Physician or midwife)

Address 1317 4th St. Nampa

Filed Oct 10 1922 Pearle Dodd Idaho
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

41AA205-01V-799

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105539

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. St.

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD Katherine L. Marks

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			1	yes	8 — 5 — 1922

FATHER		MOTHER	
FULL NAME	Raymond A Marks	FULL MAIDEN NAME	Julia Grzycka
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Austria
OCCUPATION	R.R. man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive, at 10.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H.C. Robinson
Physician
(Physician or midwife)

Address 1317 7th St. N. Nampa

Given names added from a supplemental report.

19

Registrar

Filed Oct 10 1922 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1967

469-230-01X-861

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED OCT 21 19[illegible] BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105540

County of Canyon

City of Nampa

No. Sugar Ave St.

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD August Astera Morgan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		✓	yes	8 / 30 19 22 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ed Morgan	FULL MAIDEN NAME	Manda Hoolst
RESIDENCE	Sugar Ave. Nampa	RESIDENCE	Sugar Ave Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Miller at Equity	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Nampa Idaho.

Filed Oct 10 1922 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-110-014-831

PLACE OF BIRTH

Form V. S. No. 11—[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105541

County of Canyon

City of Nampa

No. 126-13th Av. No. St.

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD Louis Nicholas Mallea

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓		✓	yes	Sep-10 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nick Mallea	FULL MAIDEN NAME	Dionys Ycacuriaga
RESIDENCE	126-13th Av No Nampa	RESIDENCE	126-13th Av No Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Nampa Idaho

Filed Oct 10 1922 Pearle Dodds
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294 PLACE OF BIRTH
01X-1 [illegible]

County of [illegible]

City of [illegible]

No. [illegible] St. Registration [redacted] 7 State File No. 105542

Hospital Mercy Primary Re[redacted] No. 1006 Local Registrar's No.

[redacted] OF IDAHO
[redacted] OF PUBLIC WELFARE
[redacted] OF VITAL STATISTICS

[redacted]FICATE OF BIRTH

FULL NAME OF CHILD Mary Loraine Kimpler
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept. 24 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth First Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Alfred Mathias Kimpler	FULL MAIDEN NAME	Mary Frances Azevedo
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ellinwood, Kansas	BIRTHPLACE	Jordan Valley, Oregon.
OCCUPATION	Miller	OCCUPATION	Stenographer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) Leo W Chilton M.D.

(Physician or ~~midwife~~)

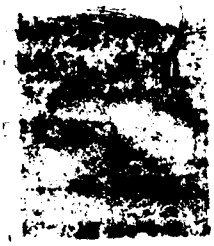
Address

Filed Oct 10 1922 Pearle Dodds

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



692-225-014-4/2

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 21 1922

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Registration District No. 7 File No. 105543

No. 300-12th Ave So

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD Rosaline Fisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Sept 25 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Philip L. Fisher	Alice Mabey
RESIDENCE	300-12th Ave So Nampa	300-12th Ave So Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	32
BIRTHPLACE	Russia	Utah
OCCUPATION	Cigar Maker	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 12 45 A. M. on the date above stated.

(Signature) Leo N. Chilton M.D.

(Physician or midwife)

Address Nampa Ida

Filed Oct 10/ 1922 Pearle Dodds Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-129-014-281

PLACE OF BIRTH

RECEIVED
OCT 21 1922

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105544

County of Canyon

City of Nampa

Registration District No. 7

File No.

No. St.

Primary Registration District No. 1006

Registered No.

Hospital Mercy

FULL NAME OF CHILD Carl Shaw Minden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	9-29-22

	FATHER	MOTHER
FULL NAME	Chester Minden	Elizabeth Mary Shaw
RESIDENCE	9th Ave No 15 4th St	9th Ave No 4 5th St
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	32
BIRTHPLACE	Kansas	Iowa
OCCUPATION	Florist	H. Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10.20 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lee N Chilton M D

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

19

Registrar.

Filed Oct 10 1922 Pearle Dudds
Registrar.

JUL 7 1967

FEB 2 1944

493-201-014-463

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 105545

No 1621-6th St. So.

Primary Registration District No. 1006 Registered No.

Hospital —

FULL NAME OF CHILD Edith Grace Mills

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	— and	2	yes	Oct 1 22

FATHER		MOTHER	
FULL NAME	Allen Mills	FULL MAIDEN NAME	Grace Doll
RESIDENCE	1621-6th St. Nampa	RESIDENCE	1621-6th St So Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Washington
OCCUPATION	Chiropractor	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton M D

(Physician or ~~midwife~~)

Address Nampa Ida

Given names added from a supplemental report.

19

Registrar.

Filed Oct 10 1922 Pearle Dodds
Registrar.

...ADING INK—THIS IS A PERMANENT RECORD
...case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1972

JUL 3 1945

652.208.014-168

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS
BOISE, IDAHO

CERTIFICATE OF BIRTH

105546

County of Canyon
City of Nampa
No. 1117-12th Ave So
Hospital

Registration District No. 7 File No.
Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Gloria Nella Webster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	and		yes	Oct 8 1922

FATHER		MOTHER	
FULL NAME	Cleveland F. Webster	FULL MAIDEN NAME	Martha L. Johnston
RESIDENCE	1117-12th Ave So	RESIDENCE	1117-12th Ave So
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Washington
OCCUPATION	Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5-40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton M.D.
(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

19

Registrar.

Filed Oct. 18 1922 Pearle Dodds
Registrar.

RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 8 1953

669-209-014-386

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105547

County of Canyon

City of Nampa

No. 115-15th ave South St.

Hospital

Registration District No. 7

Primary Registration District No. 1006

File No.

Registered No.

Full Name of Child Grace Wordley

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		Yes	Sept 9th 22 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Henry Wordley	FULL MAIDEN NAME	Nettie Thompson
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Plasterer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 0

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Davis

Osteopathic Physician (Physician or midwife)

Address Nampa, Idaho.

Given names added from a supplemental report

19

Registrar

Filed Oct. 10 1922 [illegible] Dodd Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-11-01-962

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105548

County of Ada

~~City of~~

No. ..... St. District No. 7 File No. .....

Hospital ..... Primary Registration District No. 2026 Registered No. .....

FULL NAME OF CHILD William Leroy Gillen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept. 11 1922

What bactericidal solution was used in eyes? Argyrole

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Clemie C. Gillen	FULL MAIDEN NAME Alice Elizabeth Rosenbaum
RESIDENCE Melba, Ida	RESIDENCE Melba, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Virginia
OCCUPATION Farmer	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 9 30 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swaggart

(Physician or midwife) Melba, Idaho

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct 2 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 21 1954

331-124.014-231

PLACE OF BIRTH

HL

OCT 2 1922

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

~~City of~~ Melba

No. ..... St.

Registration District No. 7 File No. 105549

Hospital

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Judson Stanley Clapper
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept. 24 24 1922

What bactericidal solution was used in eyes? Argyrole 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clifford Ernest Clapper	FULL MAIDEN NAME	Carrie Malinda Stanley
RESIDENCE	Melba, Id.	RESIDENCE	Melba, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ohio	BIRTHPLACE	Michigan
OCCUPATION	Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne
Melba, Ida
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Oct. 2 1922 Steve Sands
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-115-01K-314

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Canyon

City of Melba

No. ____ St. ____

Registration District No. 7 File No. 105550

Hospital ____ Primary Registration District No. 206 Registered No. ____

FULL NAME OF CHILD Darwin Ray Cramer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 15 192[illegible]

What bacterieidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Melvin Earnest Cramer	FULL MAIDEN NAME	Margaret Jane Paddock
RESIDENCE	Melba, Ida.	RESIDENCE	Melba, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne

(Physician or midwife) Melba Ida

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct. 2 1922 Pearle Dodds
Registrar.

MAY 2 0 1948

632-106-01K-632

PLACE OF BIRTH

CANYON

County of [redacted]

City of Melba

No. ____ St. ____

Hospital ____

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105551

Registration District No. 7 File No. ____

Primary Registration District No. 2006 Registered No. ____

FULL NAME OF CHILD Kenneth George Olsen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept. 6 1922

What bacteriocidal solution was used in eyes? Argyrole 10%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	George Martin Olsen	FULL MAIDEN NAME	Winefred Gertrude Olsen
RESIDENCE	Melba, Ida	RESIDENCE	Melba, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Oklahoma	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 30 P. M. on the date above stated.

(Signature) Samuel M Swayne

(Physician or midwife) Melba, Ida

Address ____

Filed Oct 2 1922 Pearle Bowles Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1954

FEB 2 1944

466-123.01K-451

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
1922 BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. RH 2 St.

Registration District No. 7 File No. 105552

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Darrell Eugene Howard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male	c	c	Yes	8-23-22

FATHER		MOTHER	
FULL NAME	John Howard	FULL MAIDEN NAME	Mealue, Kate
RESIDENCE	RH 2 Nampa	RESIDENCE	RH 2 Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:20 a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton M.D

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report.

19

Registrar.

Filed Oct. 12 1922 Pearle Dodds
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1922-303225

612-226-01X-915

PLACE OF BIRTH

RECEIVED OCT 12 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105553

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. R. R. 3. St.

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Genel Wasel

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			2	yes	9 — 26 — 22

FATHER

FULL NAME Adolphes Wasel

RESIDENCE Nampa

COLOR W AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Iowa

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Bertha Rand

RESIDENCE Nampa

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Wyoming

OCCUPATION Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. C. Robinson

Physician (Physician or midwife)

Address 1317 4th St. N. Nampa Idaho

Given names added from a supplemental report.

K 19

Registrar

Filed Oct 10 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

996-109.014-533

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 212-8th So.

Registration District No. 7

File No. 105554

Primary Registration District No. 2006

Registered No.

Hospital

FULL NAME OF CHILD Howard Harold Leonard Irwin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male	—		—	yes	Sep	9	1922

FATHER

FULL NAME Ben C. Irwin

RESIDENCE Nyssa Ore

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Willetta Ellis

RESIDENCE Nyssa Ore

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Oregon

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) Lee N Chilton M.D.

(Physician or midwife)

Address Nampa Idaho

Filed Oct 18 1922 Pearle Dodds Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King

Certificate No. 105554

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Harold Leonard Irwin (Name on Original Certificate) who was born (Was Born or Died) on Sept. 9, 1922 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Harold	Howard Leonard Irwin

Subscribed and sworn to before me this 3rd
day of August, 1942
Faith Prince
Notary Public, residing at Seattle
My commission expires Dec. 3, 1943
(Seal)

Signed Welletta Irwin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
215-Minor No. Seattle, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 8 8 19

219-109-014-296

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R F 4 St.

Registration District No. 7 File No. 105555

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Leo Ronald Barrone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	and	—	yes	Sep 9 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clifford Barrone	Inez Brown
RESIDENCE	R F 4 Nampa	R F 4 Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Iowa	Illinois
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12 20 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Leo W Chilton, M.d.

(Physician or midwife)

Address Nampa Idaho

Filed Oct 16 1922 Pearl Dodds
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215414-01K-219

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

105556

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. St.

Hospital Mercy

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Janie Clare Sandy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		1	yes	Sep 14 1922

FATHER	MOTHER
FULL NAME Herman L. Sandy	FULL MAIDEN NAME Margaret M. Parchen
RESIDENCE R#3 Nampa Idaho	RESIDENCE R#3 Nampa Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Nampa Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar.

(Signature) Leo W. Chilton, M.D.

(Physician or midwife)

Address Nampa Idaho

Filed Oct 10 1922 Pearle Dodds Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/19/40 L. B.

DEC 16 1940

168-124-016-714

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 2 1922
BUREAU OF VITAL STATISTICS

County of Canyon
City of Nampa
No. R# - 1 St.
Hospital —

Registration District No. 7
File No. 105557
Primary Registration District No. 2006
Registered No.

FULL NAME OF CHILD Elmer Johnson Jr

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			1	yes	9-24 1922

FATHER

FULL NAME Elmer Johnston
RESIDENCE R#1 Nampa
COLOR White
AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Missouri
OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME May Pauline
RESIDENCE R#1 Nampa
COLOR White
AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Indiana
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 1 10 A. M. (Born alive or stillborn) on the date above stated.

(Signature) Leo N Chilton M D.

(Physician or midwife)

Address Nampa Idaho

Filed Oct 10 1922 Pearle Dodds Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z CHILD LAST NAME CORRECTION

433-125-04-714

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Nampa

No. City Rt #1 St.

Hospital

Registration District No. 7 File No. 105559

Primary Registration District No. 3 Registered No.

FULL NAME OF CHILD James Marvin McCurry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	Yes	July 26 22

	FATHER	MOTHER
FULL NAME	Ray McCurry	FULL MAIDEN NAME Gertude Pauline
RESIDENCE	Ringling, Mont.	RESIDENCE Ringling, Mont.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE Indiana
OCCUPATION	Stockman	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:25 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) Leo W Chilton

(Physician or midwife)

Address Nampa Idaho

Filed Oct 10 1922 Pearle Dodds Registrar

OCT 26 1942

995-124-014-319

PLACE OF BIRTH

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. R. # 2 St.

Registration District No. 3 File No. 105560

Hospital

Primary Registration District No. 2095 Registered No. 176

FULL NAME OF CHILD John Ezra Rinard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	8/~~21~~ 24 1922

What bactericidal solution was used in eyes? ----

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	Conway H. Rinard	FULL MAIDEN NAME	Erma Laura Carter
RESIDENCE	Caldwell, Idaho R. # 2	RESIDENCE	Caldwell, Idaho R. # 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ---- M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Rinard (Father of Child)

(Physician or midwife)

Address Caldwell, Idaho R. # 2

Filed Sept. 13 1922 John V. Meyer Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC

NOV 18 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Canyon

File Number 105560

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth Aug 24th 1922

Father Conway H Rinard
Full Name

Mother Erma Lora Rinard
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

John Ezra Rinard
Child's Name in Full

Mrs C H Rinard
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

C.C. 6/12/41. W.H.

413-127014-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105561

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

County of Canyon

~~City of~~ Huston

No. R. # 1 St. Registration District No. 3 File No.

Hospital Primary Registration District No. 2005 Registered No. 177

FULL NAME OF CHILD Mahlon LeRoy Macy
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8/27 2 192

What bacteriecidal solution was used in eyes?

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER	MOTHER
FULL NAME: Harlan B. Macy	FULL MAIDEN NAME: Clara H. Roberts
RESIDENCE: Huston, Idaho R. # 1	RESIDENCE: Huston, Idaho R. # 1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs H B Macy
Mother of Child
(Physician or midwife)

Address Huston, Idaho R. # 1

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Sept 27 1922 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 4 1958

291-101-014-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 105562

No. 911 Everett St.

Primary Registration District No. 1005 Registered No. 178

Hospital

FULL NAME OF CHILD Homer Ready Bradford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	September 1. 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Randall Phimmer Bradford	FULL MAIDEN NAME	Pearl May Smith
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Stockport, Iowa	BIRTHPLACE	Veilliscia Iowa
OCCUPATION	Chiropractor	OCCUPATION	Chiropractor

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2.10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl Warner, D.I.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Caldwell, Idaho

Filed Sept. 9 1922 John P. Meyer Registrar

Error Ag NO2 2%

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 1 2 194

281-101-014-281

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. ..... St.
Registration District No. 3
File No. 105563
Hospital .....
Primary Registration District No. 1005
Registered No. 179

FULL NAME OF CHILD Ronald Leroy Shaner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept 1 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth one. Number of child of this mother now living, including present birth one

FATHER		MOTHER	
FULL NAME	Frank Shaner	FULL MAIDEN NAME	Ida Shaner
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell - Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Okla.	BIRTHPLACE	Cal.
OCCUPATION	Labor	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Sept. 1, at 8 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Hunt & Dr. J. M. Henry
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address .....

Filed Sept. 8 1922 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1944

797.202-01K-577

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

Registration District No. 3

File No. 105564

No. ____ St.

Primary Registration District No. 2005

Registered No. 180

Hospital ____

FULL NAME OF CHILD ~~Ruth~~ Theda Pipkin RUTHEDA PIPKIN

Sex of Child	~~Twin~~ Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	4th	yes	9 2 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John H Pipkin	Mattie L Eggaman
RESIDENCE	Middleton Idaho	Middleton Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	36
BIRTHPLACE	Texas	Texas
OCCUPATION	Teamster	House wife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Hamer M. D.

(Physician or midwife)

Address Middleton Idaho

Filed Oct. 1st 1922 John D. Inayes

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

~~DEPARTMENT~~ OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 105564

State of California }
County of Butte } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ruth Elda Pipkin (Name on Original Certificate) who born (Was Born or Died) on Sept 2, 1922 (Date of Event)
in Middleton, Idaho (Place of Event) are erroneous ~~as follows~~; and that, to the best of ~~his~~ knowledge, the
true facts are shown by family bible (Bible Record, Insurance Policy, Etc.) prepared on Sept 2, 1922 her (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Ruth Elda Pipkin	Rutheda Pipkin

Subscribed and sworn to before me this 5th day of March 1942

Notary Public, residing at Oroville, Cal.

My commission ~~expires~~ Oct 2, 1944

(Seal)

Signed Mattie L Pipkin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1911 Veatch St., Oroville, Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Butte } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of March 1942

Notary Public, residing at Oroville, Cal.

My commission expires Oct 2, 1944

(Seal)

Signed John H Pipkin
(Signature of Any Credible Person Other Than Previous Year)

1911 Veatch St., Oroville, Cal.
(Street Address, City, State)

MAR 1 0 1942

864-103-014-96

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Canyo[redacted]922 CERTIFICATE OF BIRTH

City of Huston [redacted] District No. 3 File No. 105565

No. Rur. 2

[redacted] Registration District No. 2005 Registered No. 181

Hospital

FULL NAME OF CHILD George Houston Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 3 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George C. Houston	FULL MAIDEN NAME	Carril E. Robbins
RESIDENCE	Huston Idaho	RESIDENCE	Huston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Minnesota	BIRTHPLACE	Michigan
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George C. Houston
Father
(Physician or midwife)

Given names added from a supplemental report.

19

Address Rt #2 Huston

Filed April 12 1922 John V. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-106.014-455

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105566

County of Canyon
City of Caldwell
No. R. # 2 St.
Registration District No. 3
File No.
Hospital
Primary Registration District No. 2005
Registered No. 182

FULL NAME OF CHILD Robert Clarence Gardner
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	9/6 1922

What bacteriecidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 10

FATHER	MOTHER
FULL NAME: Clarence E. Gardner	FULL MAIDEN NAME: Grace May Deel
RESIDENCE: Caldwell, Idaho, R. # 2	RESIDENCE: Caldwell, Idaho R. # 2
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Kansas
OCCUPATION: Teamster	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Dudley, M. D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19..

Registrar.

Filed Sept. 8- 1922 John V. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho Oregon

Certificate No. 105586

County of Canyon Yamhill

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Robert Clarence Gardner (Name on Original Certificate) who was born (Was Born or Died) on Sept. 6 1922 (Date of Event)

in Caldwell (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Robert Clarence Gardner

Subscribed and sworn to before me this 17th day of November, 1943

M. Redding

Notary Public, residing at Newberg Oregon

My commission expires Jan. 20, 1945

(Seal)

Signed Clarence E Gardner,

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1, Newberg, Oregon

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

718-207-014-19

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

Registration District No. 3 File No. 105567

No. ..... St.

Primary Registration District No. 2004 Registered No. 183

Hospital ILEDA

FULL NAME OF CHILD [redacted] Payne

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth 8 | Legitimate? Yes | Date of Birth 9 (Month) 7 (Day) 1922 (Year)

FATHER

FULL NAME James Leroy Payne

RESIDENCE Middleton Idaho

COLOR White AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Iowa

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Maude Jarvis

RESIDENCE Middleton Idaho

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Idaho

OCCUPATION House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a M. on the date above stated.

(Signature) J W Haines M.D.

(Physician or midwife)

Address Middleton Idaho

Filed Oct 14 1922 John S. Meyer Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 6 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 105567
Date Filed Oct. 1, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Alida Payne (Name on Original Certificate) who was born (Was Born or Died) on Sept. 7, 1922 (Date of Event)
in Middleton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Sept 1922. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Alida Payne	Ileda Payne

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed James L Payne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18
day of April, 1942

Notary Public, residing at Middleton Idaho

My commission expires May 1943.
(Seal)

Signed James L Payne
(Signature of Any Credible Person Other Than Previous Year)

Middleton - Idaho
(Street Address, City, State)

JUL 23 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

718-207014-119

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

Registration District No. 8

File No. 105568

No. ..... St.

Primary Registration District No. 2005

Registered No. 184

Hospital .....

FULL NAME OF CHILD Freda Payne

Sex of Child	Twin / Triplet / or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	9th	yes	9 7 1922

FATHER		MOTHER	
FULL NAME	James Leroy Payne	FULL MAIDEN NAME	Maud Jarvis
RESIDENCE	Middleton Idaho	RESIDENCE	Middleton Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	House-wife

Number of child of this mother, including present birth 9th

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of ~~this child~~, who was born alive at 2 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hamer M D

(Physician or midwife)

Address Middleton Idaho

Given names added from a supplemental report.

..... 19.....

Filed Oct. 1st 1922 John S. Sneyer

Registrar

S-Y-CO 38071

Registrar

JUN 26 1942

219-208-014-293

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 31 1922

CERTIFICATE OF BIRTH

105569

County of Canyon

City of Middleton At.

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2005 Registered No. 185

Hospital

FULL NAME OF CHILD Julia Adell Barnes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female		7	Yes	9	8	1922

FATHER		MOTHER	
FULL NAME	Charles B Barnes	FULL MAIDEN NAME	Julia A Billings
RESIDENCE	Caldwell Rt 1	RESIDENCE	Caldwell Rt 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 a M. on the date above stated.
(Born alive or stillborn)

(Signature) Lew Farmer M.D.

(Physician or midwife)

Address Middleton Idaho

Filed Oct. 1st 1922 John A. Meyer Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-108·01X-381

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105570

County of Canyon

City of Notus

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2005 Registered No. 186

Hospital Ho

FULL NAME OF CHILD Delmer Lemar Crawford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Mole		Yes	Sept (Month) 8 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Sherman Crawford	FULL MAIDEN NAME	Nora Charlton
RESIDENCE	Notus	RESIDENCE	Notus
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kansas	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. D. Stewart

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Caldwell Idaho

Registrar

Filed Sept. 14 1922 John P. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-108-014-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105571

County of Canyon
City of Caldwell
No. ..... St. .....
Hospital .....

Registration District No. 3
Primary Registration District No. 1005
File No. .....
Registered No. 187

FULL NAME OF CHILD William Junior Gainey
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	9/8 192...

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: W. H. Gainey	FULL MAIDEN NAME: Ruby J. Stansberry
RESIDENCE: 206 Everett, Caldwell, Idaho	RESIDENCE: 206 Everett, Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 48 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Minn.
OCCUPATION: Dairyman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) C. B. Dudley, M. D.
(Physician or midwife)
Address Caldwell, Idaho.

Filed Sept. 8 1922 John L. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Caldwell

Street 206 Everett

County Canyon

File Number ~~97196~~ 105571

Registration Dist. No. .....

Date of Birth Sept 8 1922

Sex of Child Male

Father William Henry Gainey (Full Name)

Mother Ruby Jay Stansberry (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William Junior Gainey (Child's Name in Full)

Mrs. W. H. Gainey (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

39-208:014-295

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105572

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3

File No. .....

Hospital .....

Primary Registration District No. 1005

Registered No. 188

FULL NAME OF CHILD Irella Winelta Crawford

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9/8 192 2

What bacteriacidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Wm. H. Crawford	FULL MAIDEN NAME: Auttie A. Bierd
RESIDENCE: Caldwell, Idaho 20" & Filmore	RESIDENCE: Caldwell, Idaho, 20" & Filmore
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Mail Carrier	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) C. M. Valey

M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Filed Sept 10-1922 John L. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-216-014-266

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105573

County of Canyon

City of Caldwell

No. R. # 3 St.

Registration District No. 3

File No.

Hospital

Primary Registration District No. 2005

Registered No. 189

FULL NAME OF CHILD Hazel Carson Wyrick

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9/11 2 192

What bacterieidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: H. A. Wyrick	FULL MAIDEN NAME: Maggie Bowles
RESIDENCE: Caldwell, Idaho R. # 3	RESIDENCE: Caldwell, Idaho R. # 3
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Tennessee	BIRTHPLACE: Missouri
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Sept. 12 1922 John H. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

252-113-014-619

PLACE OF BIRTH

DEPARTMENT OF [redacted] WELFARE
BUREAU OF VITAL STATISTICS

County of Canyon — RECEIVED — CERTIFICATE OF BIRTH 105574

City of Caldwell — OCT 2 1922 — Registration District No. 9 — File No.

No. 616 Cleveland — STATE OF IDAHO

Hospital Caldwell — Primary Registration District No. 2005 — Registered No. 198

FULL NAME OF CHILD Edward Eugene Bebb
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	1	Yes	Sept 13 1922

What bactericidal solution was used in eyes? silver nitrate 1%

Number of child of this mother, including present birth 1 — Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Oscar Eugene Bebb	Norma Irene Whitley
RESIDENCE	Notus	Notus
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	19
BIRTHPLACE	Notus Idaho	Fairbury, Nebraska
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. B. Young, M.D.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Sept. 13 1922 John H. Meeyes
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 7 1942

463-216-014-249

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
OCT 21 1922
VITAL STATISTICS

County of Canyon

City of Caldwell — Registration District No. 3 — File No. 105575

No. West Blain St.

Primary Registration District No. 1005 — Registered No. 191

Hospital

FULL NAME OF CHILD Dorothy Madaline Dotson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept. 16 1922

FATHER	MOTHER
FULL NAME James W. Dotson	FULL MAIDEN NAME Celicia Blanch Smith
RESIDENCE Caldwell - Idaho	RESIDENCE Caldwell - Idaho
COLOR White — AGE AT LAST BIRTHDAY 62 (Years)	COLOR White — AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Nebraska
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9—a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Meyers, M.D.

(Physician or midwife)

Address Caldwell — Idaho

Given names added from a supplemental report.

19

Registrar

Filed Sept. 16 1922 John L. Meyers

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 22 1951

962-116-014-693

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. South 9th St.
Registration District No. 3
File No. 105576
Hospital
Primary Registration District No. 2005
Registered No. 192

FULL NAME OF CHILD Gilbert Melvin Rose
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	/ and	/	Yes	Sept 16 -16- 192

What bactericidal solution was used in eyes? Argyrol 15%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Guy Alwyn Rose	FULL MAIDEN NAME Nettie Opal William
RESIDENCE	Caldwell, R 3	Caldwell, R 3
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	30
BIRTHPLACE	Shawnee, Oklahoma	McDonald, Kansas
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Young M.D.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Sept 18 1922 John L. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/24/ 41 Z.J.

135-27-014-565

PLACE OF BIRTH
Ammended 8/5/75

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105577

County of Canyon
City of Caldwell
No. 712 Cleveland St.
Hospital

Registration District No. 2 File No.
Primary Registration District No. 1005 Registered No. 193

FULL NAME OF CHILD Mary (Athena) Alexander
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9/17 2 192

What bacteriocidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Gust Alexander	
FULL MAIDEN NAME		Claudia Ewell
RESIDENCE	712 Cleveland Caldwell, Idaho	712 Cleveland Caldwell, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	~~34~~ 35	~~34~~ 36
BIRTHPLACE	Greece	Utah
OCCUPATION	Restaurant Prop.	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

M. D.
(Physician or midwife)

Address Caldwell Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Sept. 20 1922 John H. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: 712 Cleveland Blvd.

County: Canyon

File Number: 105577

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Sept. 17 1929.

Father: Gust Alexander (Full Name)

Mother: Claudia Frances Ewell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Arthena Alexander (Child's Name in Full)

Mrs. Gust Alexander (Signature of Father or Mother)

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 105577

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Arthena Alexander (Name on Original Certificate) who Was born (Was Born or Died) on 9/17/22 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mary Arthena Alexander	Mary Athena Alexander

Subscribed and sworn to before me this 5th day of August, 1975

Signed Carol A Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise

My commission expires September 15, 1976
(Seal)

5328 Hill Rd, Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Signed
(Signature of Any Credible Person)

Notary Public, residing at

My commission expires
(Seal)

(Street Address, City, State)

Divorce Decree dated August 29, 1958 gives plaintiff's name as Mary Athena Aston.

AUG 5 1975

Marriage License #13383 dated 8 July 1940 gives the Bride's name as Mary Athena Alexander and the Groom David Robert Aston.

viewed by Vital Statistics 8/5/75

433-219-614-455

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105578

County of Canyon
City of Parma
No. ____ St.
Hospital

Registration District No. 3
Primary Registration District No. 2005
File No.
Registered No. 194

FULL NAME OF CHILD DORIS LORRAINE McCORMICK
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9/19/1922

What bacterioidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harold R. McCormick	FULL MAIDEN NAME	Charlotte Deewhirst
RESIDENCE	Parma, Idaho	RESIDENCE	Parma, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Minn.	BIRTHPLACE	Neb
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:25 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) S. B. Dudley
(Physician or midwife)

Address Caldwell, Idaho.

Filed Sept. 20 1922 John N. Greyes
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Payma, Idaho
County of Canyon } ss.

Certificate No. 105578

Date Filed Sept 20, 1922

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for _____ (Name on Original Certificate) who Born (Was Born or Died) on Sept. 19, 1922 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Doris Lorraine McCormick

Subscribed and sworn to before me this 20th
day of May, 1943

_____
Notary Public, residing at Payma
My commission expires 1-20-44
(Seal)

Signed Harold R. McCormick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

_____
Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

Please mail cistificate to Doris Lorraine McCormick Rt. Payma Idaho

MAR 6 1972

493/20·014-593

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105579

County of Canyon

City of Caldwell

No. 1411 Cleveland St.

Registration District No. 2

File No.

Hospital

Primary Registration District No. 1005

Registered No. 195

FULL NAME OF CHILD Donald George Miller

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	9/20/192 2

What bacteriocidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3

Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Fred A. Miller	FULL MAIDEN NAME: Beulah Alice Nickle
RESIDENCE: 1411 Cleveland Caldwell, Idaho	RESIDENCE: 1411 Cleveland Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Iowa
OCCUPATION: Lumberman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) C. M. Kaley, M. D.
(Physician or Midwife)

Address Caldwell, Idaho

Filed Sept. 21 - 1922 John L. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: Caldwell Sanitarium

County: Canyon

File Number: 105579

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Sept. 20 1922

Father: Fred Amos Miller (Full Name)

Mother: Beulah Alice Miller (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Donald George Miller
Child's Name in Full

Beulah Alice Miller
Signature of Father or Mother

NOV 1 1922 BUREAU OF VITAL STATISTICS

493-126:014-455

PLACE OF BIRTH

RECEIVED
OCT 21 192.
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. ..... St.
Hospital Sanitarium

Registration District No. 3
File No. 105580
Primary Registration District No. 1005
Registered No. 196

FULL NAME OF CHILD Dean Edgar Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	9/26 192 2

What bacteriacidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Dean W. Miller	FULL MAIDEN NAME: Mary Meek
RESIDENCE: 704 S. Kimball Caldwell, Idaho	RESIDENCE: 704 S. Kimball Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Idaho
OCCUPATION: Hardware Merchant	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole
M. D.
(Physician or midwife)
Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

Filed Sept. 28 1922 John H. Meyer
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: Kimball

County: Canyon

File Number: 105580

Registration Dist. No.:

Sex of Child: Male

Date of Birth: September 24 192 4.

Father: Dean Wilson Miller
Full Name

Mother: Mary Polk
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Dean Edgar Miller
Child's Name in Full

Mary M. Miller
Signature of Father or Mother

PLACE OF BIRTH

344-22-07-464

County of Canyon

City or Caldwell

No. R. # 4

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105581

Registration District No. 3 File No.

Primary Registration District No. 2005 Registered No. 197

FULL NAME OF CHILD EVELYN MAE CUMMINGS
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9 / 27 / 192 2

What bacteriolidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Robert R. Cummings	FULL MAIDEN NAME: Eva M. Dodds
RESIDENCE: Caldwell, Idaho R. # 4	RESIDENCE: Caldwell, Idaho R. # 4
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Idaho
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:07 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

(Signature) E. B. Dudley
M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed Sept. 28 1922 John N. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Napa } ss.

Certificate No. 105531

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Evelyn Mae Cummings (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on Sept. 27, 1922 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Evelyn ~~May~~ Cummings Mae
Evelyn Mae Cummings		

Subscribed and sworn to before me this 31 st
day of May, 19 43

Notary Public, residing at Sanitarium

My commission expires Jan 25, 1947
(Seal)

Signed Mrs. Eva Marie Cummings
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother

Sanitarium, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif. }
County of Napa } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 st
day of May, 19 43

Notary Public, residing at Sanitarium

My commission expires Jan. 25, 1947
(Seal)

Signed Nettie P Nelson
(Signature of Any Credible Person Other Than Previous Year)

Sanitarium, Calif.
(Street Address, City, State)

JUN 9 1949

449-227.014/19

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105582

County of Canyon

City of Middleton

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2005 Registered No. 198

Hospital Beulah Bernice

FULL NAME OF CHILD ~~Miss~~ Murphy

Sex of Child Female | ~~Twin Triplet~~ or other? and ~~Number~~ in order of birth 6th (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 9 (Month) 27 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Cleveland J. Murphy	FULL MAIDEN NAME	Estella C. Jarvis
RESIDENCE	Middleton Idaho	RESIDENCE	Middleton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Wyoming
OCCUPATION	Carpenter	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Hamer M D

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Middleton Idaho

Filed Oct. 1st 1922 John S. Meyer Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 105582

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Beulah Bernice Murphy (Name on Original Certificate) who Born (Was Born or Died) on Sept 27-1922 (Date of Event)
in Middleton Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Murphy	Beulah Bernice Murphy

Subscribed and sworn to before me this 28 day of July, 1945.

Notary Public, residing at Middleton Ida
My commission expires July 1-1949
(Seal)

Signed Estella C Murphy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Middleton Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of July, 1945.

Notary Public, residing at Middleton Ida
My commission expires July 1-1949
(Seal)

Signed W. T. Plowhead
(Signature of Any Credible Person)
Middleton, Idaho
(Street Address, City, State)

AUG 1 1945

298-127-01X-342

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. ..... St.
Hospital Sanitarium
Registration District No. 3
File No. 105583
Primary Registration District No. 1005
Registered No. 199

FULL NAME OF CHILD Richard Maurice Bryan
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	9/27 1922

What bacteriedal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth: 1
Number of child of this mother now living, including present birth: 1

FATHER	MOTHER
FULL NAME: Harry W. Bryan	FULL MAIDEN NAME: Helen Cuskelly
RESIDENCE: 1918 Blaine Caldwell, Idaho	RESIDENCE: 1918 Blaine Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Montana
OCCUPATION: Banker	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Raley
M. D.
(Physician or midwife)
Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Sept. 28-1922 John L. Mayer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City ....CALDWELL.....
- Street 1924 BLAINE ST.....
- County ..CANYON.....

File Number .....105583.....

Registration Dist. No. .....

Sex of Child.....Male.....

Date of Birth .SEPTEMBER 27.....1922...

Father .HARRY WILDER BRYAN.....
Full Name

Mother ...HELEN CATHERINE CUSKELLY.
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

RICHARD MAURICE BRYAN.....
Child's Name in Full

R. W. Bryan
Signature of Father or Mother

RECEIVED
NOV 17 1922
BUREAU OF VITAL STATISTICS

249-228:01K-369

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105584

County of Canyon
City of Caldwell
No. R. # 2 St.
Registration District No. 3
File No.
Hospital
Primary Registration District No. 2009
Registered No. 200

FULL NAME OF CHILD Elsie Myrtle Burtch
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9/28 2 192

What bacterieidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Isaac A. Burtch	FULL MAIDEN NAME: Nina Albert Corbit
RESIDENCE: Caldwe l, Idaho R. # 2	RESIDENCE: Caldwell, Idaho R. # 2
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 28	AGE AT LAST BIRTHDAY (Years): 23
BIRTHPLACE: Nebraska	BIRTHPLACE: Idaho
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. R. Dudley M. D.
(Physician or midwife)
Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept. 29, 1922 John G. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

JAN 15 1965

759-230014-669

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City or Notus

No. R. # 1 St.

Hospital

Registration District No. 3 File No. 105585

Primary Registration District No. 2005 Registered No. 201

FULL NAME OF CHILD Pearl Edith Personette
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9/30 2 192...

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Wm. F. Personette	FULL MAIDEN NAME	Edith L. Worland
RESIDENCE	Notus. Idaho R. # 1	RESIDENCE	Notus, Idaho, R. # 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Oct. 4- 1922 John H. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1983

JUL 6 1942

231-204-014-845

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECE
OCT 21 192
BUREAU
STATIS

CERTIFICATE OF BIRTH 105586

County of Canyon

City of Middleton

No. ..... St.

Registration District No. 3 File No. .....

Hospital .....

Primary Registration District No. 2005 Registered No. 202

FULL NAME OF CHILD Ellen Louise Stark
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	10/4 192 2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	J. Matteson Stark	FULL MAIDEN NAME	Lura Hunter
RESIDENCE	Middleton, Idaho	RESIDENCE	Middleton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Mich.	BIRTHPLACE	Mich.
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. F. Dudley

M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Filed Oct. 5 1922 John S. Meyer
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FILE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Middleton

Street: ———

County: Canyon County

File Number: 105586

Registration Dist. No.:

Date of Birth: Oct. 4, 1922

Sex of Child: Female

Father: J. Matteson Stark (Full Name)

Mother: Lura E. Hunter (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ellen Louise Stark

Child's Name in Full

Mrs. J. M. Stark

Signature of Father or Mother

251-103:014-394

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell,

No. 1005 Chicago St.

Registration District No. 3

File No. 105587

Hospital

Primary Registration District No. 1005

Registered No. 203

FULL NAME OF CHILD WILLIAM SNAVELY
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	10/3 2 192

What bacteriedal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2

Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Warren Tipton Snavely	FULL MAIDEN NAME: Emma Francis Tidwell
RESIDENCE: 1005 Chicago St Caldwell, Idaho	RESIDENCE: 1005 Chicago St Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Tennessee	BIRTHPLACE: Idaho
OCCUPATION: Road & Bridge Sppt.	OCCUPATION: Road & Bridge Supt.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Haley

M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct. 4—1922 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 26 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Calif. } ss.
County of Sta Clara. }

Certificate No. 105587
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for William Snavely (Name on original certificate) who was born on Oct. 3d. 1922 (Was born or died) (Date of event)
in Caldwell, Idaho (Place of event) ~~are erroneous or were omitted; and that~~, to the best of his knowledge, the
true facts as shown by W. Keeley, Caldwell, Idaho (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Snavely	William Snavely

Subscribed and sworn to before me this 22d
day of Dec., 1941
W. M. Denhart, NOTARY PUBLIC
Notary Public, residing at In and for the County of Santa Clara, State of California
My commission expires My Commission expires Jan. 30, 1945
[SEAL]

Signed W. F. Snavely Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on DEC 26 1941 By
(Registrar's signature)

AUG 8 1969

AUG 2 1956

367-202-014-285

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105588

County of Canyon

City of Caldwell

No. ..... St. Registration District No. 3 File No. .....

Hospital ..... Primary Registration District No. 1005 Registered No. 206

FULL NAME OF CHILD Thurza Ann Cox
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Oct. 2 1922

What bactericidal solution was used in eyes? Ang. gr. vol.

Number of child of this mother, including present birth three Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James Cox	FULL MAIDEN NAME	Martha Shearer
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	60 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ore.
OCCUPATION	Carpenter	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 10 P.M. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Montgomery MD
(Physician or ~~midwife~~)

Address Caldwell Ida

Filed Oct. 7 1922 John S. Meyer
Registrar.

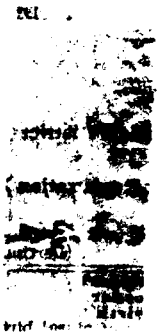
Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1 1945



FEB 19 1974

349-124-014-734

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105589

County of Canyon

City of Middleton R. F. D.

No. ..... St.

Registration District No. 9+10 File No. 37

Hospital .....

Primary Registration District No. 9+10 Registered No. 37

FULL NAME OF CHILD Kenneth Glenn Curry
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Aug 24 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Harry E. Curry	FULL MAIDEN NAME	Ada Plummer
RESIDENCE	Middleton R F D	RESIDENCE	Mid R F D
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ole Hall M

(Physician or midwife)

Address Star Idaho

Filed Oct 2 1922 Orville Jackson Eagle Idaho Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF F[illegible]

NOV 13 1922

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County Canyon

File Number 105589

Registration Dist. No. .....

Date of Birth Aug. 24 1922

Sex of Child Male

Father H. E. Curry
Full Name

Mother Ada Plummer
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Kenneth Glenn
Child's Name in Full

H. E. Curry
Signature of Father or Mother

JAN 1 2 1945

PLACE OF BIRTH
689-215-001-129

County of Adie

City of Star

No. ..... St.

Hospital .....

[redacted] OF IDAHO
DEP[redacted] OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

105590

CERTIFICATE OF BIRTH

RE[illegible]
NOV [illegible]
BUREAU OF VITAL STATISTICS

Registration District No. 9+10 File No. 35

Primary Registration District No. 9-10 Registered No. 35

FULL NAME OF CHILD Arlene White
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F M		yes	Sept 15 1922

What bactericidal solution was used in eyes? No.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lucy L White	FULL MAIDEN NAME	Arlene Abrams
RESIDENCE	Star Id	RESIDENCE	Star
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Hwy

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8-9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ella Hale M

(Physician or midwife)

Address Star Idaho

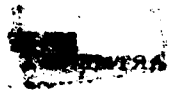
Filed Oct 2 1922 Orville Jackson
Eag Idaho
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



365-125-001-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105591

County of Ada

City of Star

No. ..... St.

Hospital .....

Registration District No. 9+10 File No. 36

Primary Registration District No. 9+10 Registered No. 36

FULL NAME OF CHILD Robert Carmen Connor.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		No.	Sept 26 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	—	FULL MAIDEN NAME	Pearl Nadine Connor
RESIDENCE	—	RESIDENCE	Star Idaho
COLOR	— AGE AT LAST BIRTHDAY ..... (Years)	COLOR	W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	—	BIRTHPLACE	Missouri
OCCUPATION	—	OCCUPATION	~~Hwy~~ None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Primatin, at 7459, M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ola Hall M

(Physician or midwife)

Address Star Idaho

Filed Oct 2 1922 Ingle Jackson Eagle Idaho Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

944-105-001-318

PLACE OF BIRTH

RECEIVED NOV BUREAU ST

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

105592

CERTIFICATE OF BIRTH

County of Ada

City of Star Idaho

No. ——— St.

Hospital ———

Registration District No. 9+10 File No. 38

Primary Registration District No. 9+10 Registered No. 38

FULL NAME OF CHILD Edwin Allen Rudisill
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Feb (Day) 15 (Year) 1922
M		yes	

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Louis E Rudisill	FULL MAIDEN NAME	Sibyl O Taylor
RESIDENCE	Star Idaho	RESIDENCE	Star Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Merchant	OCCUPATION	Hunter

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ola Hall MD
(Physician or midwife)

Address Star, Idaho.

Filed Oct 2 1922 Orville Jackson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR [illegible] 1942

JUN 6 1945

6/9/41 L. B.

695-216014-255

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE [redacted]
DEPARTMENT OF P[redacted]FARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7. File No. 105593

No. 107-12th Avenue So.

Hospital No

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Ethel Rose Fiedler

Sex of Child female | Twin, Triplet or other? — | and | Number in order of birth — | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 10-16-22 (Month) (Day) 19 (Year)

FATHER

FULL NAME Chas M. Fiedler

RESIDENCE Beaumont

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Greeley, Colorado

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Edna Penney

RESIDENCE Beaumont,

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Greeley, Colorado

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 12 25 P. M. on the date above stated.

(Signature) Horace P. Belknap

(Physician [redacted])

Address Nampa Ida.

Filed Nov. 6 1922 Pearle Dodds Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

OCI 3 1 1947

JAN 26 1972

DEC 14 1972

dup CC 1900-411.5:193

863-224-014-533

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 3 1922

CERTIFICATE OF BIRTH 105594

County of Canyon
City of Nampa
No. Route #5 St.

Registration District No. 7 File No.

Hospital Primary Registration District No. 2666 Registered No.

FULL NAME OF CHILD Ruby Holladay.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Oct. 24th 1922

What bactericidal solution was used in eyes? Silver Nitrate 10% Sol.

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	D. Earl Holladay	FULL MAIDEN NAME	Martha Le. Ellsworth.
RESIDENCE	Nampa, Idaho.	RESIDENCE	Nampa, Idaho.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. C. Proctor
Physician.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Nov. 6 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-217-014-917

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Melba,

No. ..... St.

Registration District No. 7 File No. 105596

Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Dorthy Phylis O'Neill
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 17 1922

What bactericidal solution was used in eyes? Argyrole 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Allen Leo O'Neill	FULL MAIDEN NAME	Beatrice Gertrude Ragsdale
RESIDENCE	Picabo, Idaho	RESIDENCE	Picabo, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	New Jersey
OCCUPATION	Mgr. Grocery Store	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne
Melba, Ida.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address .....

Filed Nov. 6 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515-208-014-142

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105597

County of Canyon

City of Melba,

No. ..... St.

Registration District No. 7 File No. .....

Hospital .....

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Alice Lucile Vance
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct. 8 1922

What bactericidal solution was used in eyes? Argyrole

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robert Cleveland Vance	FULL MAIDEN NAME	Jona Manilla Justus
RESIDENCE	Melba, Idaho	RESIDENCE	Melba, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Tennessee	BIRTHPLACE	Georgia
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne
Melba, Ida
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed Nov 6 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 24 1960

249-208-001-958

PLACE OF BIRTH

STATE OF ID[redacted]

DEPARTMENT OF PUBLIC [illegible]ARE

BUREAU OF VITAL STATISTICS

County of Ada

City of

No. St.

Hospital

NOV 8 1922

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 105598

Primary Registration District No. 2004 Registered No.

FULL NAME OF CHILD Margorie Caroline Burman

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 8 1922

What bactericidal solution was used in eyes? Argyrole 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Abraham Burman	FULL MAIDEN NAME	Viola Syda Zeyer
RESIDENCE	Melba, Idaho	RESIDENCE	Melba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne

Melba Idaho

(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

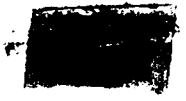
Filed Nov 8 1922 Pearl Godair

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 1944



268-102-014-915

PLACE OF BIRTH

Form V. S. [redacted] 6-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 107-12th Ave So St.

Registration District No. 7 File No. 105599

Primary Registration District No. 1536 Registered No.

Hospital

FULL NAME OF CHILD ~~Carter~~ Morris Raymond Kohlhepp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	c	c	yes	Nov 2 1922

FATHER		MOTHER	
FULL NAME	John Kohlhepp	FULL MAIDEN NAME	Francis Rawlins
RESIDENCE	113 - 9th Ave So	RESIDENCE	113 - 9th Ave. So.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Tennessee
OCCUPATION	Employee Idaho Power Co	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) L. N. Chilton, M.D.

(Physician or midwife)

Address Nampa Idaho

Filed Nov 6 1922 Pearle Dodds
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. _____ 19____

_____
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-015-014-469 child's surname amended 8-17-88 lh Form V. S. No. 11—20m-7-20-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 8 1922

CERTIFICATE OF BIRTH

105600

County of Canyon
City of Nampa
No. ..... St.
Hospital .....

Registration District No. 7
Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Esther Elizabeth BOYLE Boyle

Sex of Child female | Twin, Triplet or other? ✓ | Number in order of birth ✓ | Legitimate? yes | Date of Birth Oct 15 (Month) (Day) 19 (Year)

FATHER	MOTHER
FULL NAME David H. Boyle	FULL MAIDEN NAME Candace Morrison
RESIDENCE 205-10th Ave. So.	RESIDENCE 205-10th Ave So
COLOR White	AGE AT LAST BIRTHDAY 47 (Years)
COLOR white	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Wisconsin
OCCUPATION Minister	OCCUPATION Home-wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 a — M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo. W. Chilton M.D.
(Physician or midwife)

Address Nampa. Idaho.

Given names added from a supplemental report. ..... 19.....

Filed Nov. 6 1922 Pearle Dodds Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

7-22-86

E.D. AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
AUG 1 1988
VITAL STATISTICS UNIT

State of HAWAII
County of HONOLULU } ss.

Certificate No. 105600
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Esther Elizabeth Beryle (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 15, 1922 (Date of Event)

in Nampa, Canyon Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Last name of child	Beryle	Boyle

Subscribed and sworn to before me this 22nd day of JULY 1988

Notary Public Judith L. Lesley

Residing at HONOLULU, HAWAII

My commission expires JUNE 08, 1991

(Seal)

Esther E. Dye
Signature of Applicant

250 Kawaihae St. #12-B
Street Address, City, State
Honolulu, Hawaii 96825

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of HAWAII
County of HONOLULU } ss.

(Must be completed __)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of JULY 1988.

Notary Public, Judith L. Lesley

Residing at HONOLULU, HAWAII

My commission expires JUNE 08, 1991

(Seal)

Margaret C. Solomon
Supporting Signature

212 Hawaii Loa St.
Street Address, City, State
Honolulu, HI 96821

AUG 1 6

1930 Census form gives name as Esther E. Boyle daughter of David H. M. and Candace Boyle, age 7 born in Idaho. lk 5-356-403
Viewed by V.S.

Application to the New York Life Ins. Co. #17-062-862 gives name as Esther E. Boyle born in Idaho on Oct. 15, 1922 - David H.M. Boyle, father and Candace M. Boyle, mother. Dated April 5, 1938.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 699-134014-719

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon NOV 8 19

City of Nampa

Registration District No. 7 File No. 105601

No. ..... St.

Primary Registration District No. 1036 Registered No. .....

Hospital .....

FULL NAME OF CHILD ELLESS Gartin Wright

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	✓		✓	yes	10-31-22 19

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Glen W. Wright	FULL MAIDEN NAME	Leanora Gartin
RESIDENCE	989-9th Ave So	RESIDENCE	909-9th Ave So
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Manufacturer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 20 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo. W. Chilton
M. Ms. P.

(Physician or midwife)

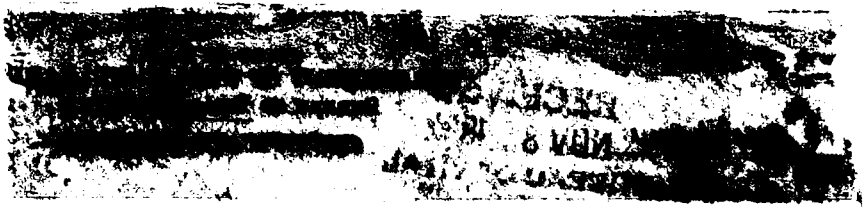
Given names added from a supplemental report.

..... 19....

Registrar.

Address Nampa Idaho

Filed Nov. 6 1922 Pearle Dodds
Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 105601

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Gartin Wright (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Oct. 27, 1922 (DATE OF EVENT)
in Nampa, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Gartin Wright	Elless Gartin Wright

Subscribed and sworn to before me this 7th day of May, 19 42.

Marion E. Doe
Notary Public, residing at Boise Idaho

My commission expires 6-24-45
(SEAL)

Signed Glenn D. Wright
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 8 1942

SEP 14 1942

927-112-014-513
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 8 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

105602

County of

City of Nampa

Registration District No. 7 1006 File No.

No. St.

Hospital Nazarene

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD David Vallow Isgrigg

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept. (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Elmer Thomas Isgrigg	FULL MAIDEN NAME	Bernice Vallow
RESIDENCE	Nampa Route 4.	RESIDENCE	Nampa Ida. R. 4.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Chicago Ill.
OCCUPATION	Section Laborer	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. E. Marquis M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar.

Filed Nov. 6 1922 Pearle Dodds
Registrar.

JAN 1942

JAN 16 1942

391-124-014-813

Ckf

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital Mercy

NOV 8 1922

Registration District No. 7

File No. 105603

Primary Registration District No. 1006

Registered No. .....

FULL NAME OF CHILD John Mathew Craig (Craig)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	x		x	Yes	Sept 24 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Blair Craig	FULL MAIDEN NAME	Myrtle Virginia Hall
RESIDENCE	124-21st ave S. Nampa Idaho	RESIDENCE	124-21st ave S. Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.15 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed Nov. 6 1922 Pearl Dodds

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 0 1974

466-228-014-512

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 105604

County of Canyon
City of Nampa
No. ____ St.
Hospital Mercy
Registration District No. 7
Primary Registration District No. 1006
Registered No. ____

FULL NAME OF CHILD Barbara Moffatt
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl		Yes.	Sept 28 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Glen A Moffett	FULL MAIDEN NAME	Helen Easley
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Nebraska	COLOR	White
OCCUPATION	Musician	BIRTHPLACE	Ind
		AGE AT LAST BIRTHDAY (Years)	21
		OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:00 A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr M-L Fink
Per M-B.
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Nov 6 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 3 1975

NOV 19 1942

AUG 2 5 1958

819-216-014-793

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Registration District No. 7 File No. 105605

Hospital ..... Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Helen Irene Hartley
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	Sept. 16 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Melvin E. Hartley	FULL MAIDEN NAME	Retta E. Pickrel
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Oklahoma
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr M. S. Funk
Per M. B.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed Nov. 6 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 3 1972

133-223-014-769

PLACE OF BIRTH amend 3-11-83

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Registration District No. 7 File No. 105606

Hospital ..... Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Margaret Lucile Allison
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl.		Yes.	Sept. 23 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Henry P. Allison	FULL MAIDEN NAME	Gertrude Porter
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:10 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr M. S. Fink.
Per M B.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed Nov 6 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-14-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 18 11 51 AM '82

State of Wyoming
County of Sweetwater } ss.

Certificate No. 105606
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Lucile Allison (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-24-22 (Date of Event)

in Nampa (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Lucile Allison	Margaret Lucile Allison
date of birth	Sept 24, 19-22	Sept 23, 1922

Subscribed and sworn to before me this 26th day of July, 1982

Notary Public, Pamela Joe Lucato
Residing at 4040 Springs, R.S. Wyo
My commission expires March 23, 1985
(Seal)

Margaret L. McCormas
Signature of Applicant
4042 Springs Dr Rock Springs Wyo. 82401
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming
County of Sweetwater } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of July, 1982

Notary Public, Pamela Joe Lucato
Residing at 4040 Springs R S Wyo
My commission expires March 23, 1985
(Seal)

Gertrude Allison (mother)
Supporting Signature
4042 Springs Dr. Rock Springs Wyo 82401
Street Address, City, State

1 cc credit

Cert of Baptism gives Margaret Lucile McComas daughter of Henry Allison and Gertrude Porter was born 9-23-22 at Nampa and was baptised into the Christian Church on 11-4-54. Viewed by V.S.

MAR 11 1983

Application for insurance Medical Questionnaire gives Margaret L. McComas born Sept 23, 1922 as applicant. Application dated June 13, 1975. Viewed by V.S.

763-111-014-154

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED NOV 8 1922 BUREAU OF VITAL STATISTICS

County of Canyon

City of Nampa

No. ..... St.

Hospital Nazarene

Registration District No. 7 File No. 105607

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Edgar Andrews Potter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Oct 11 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edgar Lewis Potter	FULL MAIDEN NAME	Edna Viola Andrews
RESIDENCE	Melba - Ida	RESIDENCE	Melba - Ida
COLOR	AGE AT LAST BIRTHDAY 37 (Years)	COLOR	White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	New Providence Iowa
OCCUPATION	Minister	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Troo E Marquin MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar.

Filed Nov. 6 1922 Pearle Dodds
Registrar.

~~#4~~ 3/4/41 L. B.

APR 10 1943

168-106-014-291

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED NOV 8 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

County of Canyon

City of Nampa

No. ..... St.

Hospital Mercy

Registration District No. 7 File No. 105609

Primary Registration District No. 1066 Registered No. .....

FULL NAME OF CHILD William Bruce Johnson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	X		X	yes	Sept. 6 1922

FATHER

FULL NAME William Bernhardt Johnson

RESIDENCE Red Wing Minn.

COLOR White

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Red Wing

OCCUPATION Sales Manager P.D. Stickers

MOTHER

FULL MAIDEN NAME Margaret Willis Bruce

RESIDENCE Red Wing

COLOR White

AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Duluth Minn.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10: A. M. on the date above stated.

(Signature) Geo. A. McKellogg.

Physician (Physician or midwife)

Address Nampa, Idaho.

Filed Nov. 6 1922 Pearle Dodds Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

386-203-015-2929

Amended 8-31-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 105611
Local Reg. No. 52
Reg. Dist. No. 82

1. PLACE OF BIRTH

a. COUNTY: Caribou

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN:

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Caribou

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Soda Springs

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Ingeburg

b. (Middle): Harriet

c. (Last): Thomsen

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Oct. 3, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Peter

b. (Middle):

c. (Last): Thomsen

8. AGE (At time of this birth): 42 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Denmark

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Harriet

b. (Middle): A.

c. (Last): Skinner

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Russell Tigert

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Soda Springs, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 31, 1922

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUL 13 1965
Bureau of Vital Statistics

State of Idaho } ss.
County of Caribou }

Certificate No. 105611

Date Filed .....

The undersigned does solemnly swear that certain items on the certificate of Birth (Birth or Death)
for Ingerburg Thomsen (Name on Original Certificate) who was born (Was Born or Died) on Oct. 3, 1922 (Date of Event)
in Caribou County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible record (Bible Record, Insurance Policy, Etc.) prepared on October 24, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Ingerburg Thomsen	Ingeburg Harriet Thomsen

Subscribed and sworn to before me this 1st day of July 19 65

Leonard O. Kingsford
Notary Public, residing at Soda Springs, Idaho.
My commission expires August 14, 1965
(Seal)

Signed Harriet A Thomsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

391 South Main St., Soda Springs, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of July 19 65.

Leonard O. Kingsford
Notary Public, residing at Soda Springs, Idaho.
My commission expires August 14, 1965.
(Seal)

Signed Pearl Monsol
(Signature of Any Credible Person)

Box 793, Soda Springs, Idaho.
(Street Address, City, State)

FORM DH 60-155 CL 11-13-64. one copy pd. rec. #6403.

~~Child's Birth Cert. on file: (Idaho Birth)433549.~~
~~rec/-sent-w-tj-;e-- ;Rec. sent with letter - no refund -~~
Child's Birth Cert. on fild (#435549 gives full maiden nme of mother as Ingeburg Harriet Thomsen - viewed by V.S.

L.D.S. Church Cert. of Blessing, Oct. 15, 1922 gives full name as Ingeburg Harriet Thomsen, daughter of Peter ~~Thomase~~ Thomsen and Harriet Amelia Skinner, born Oct. 3, 1922 at Eight Mile, Bear Lake, Idaho - viewed by V.S.

236-112-015-993

PLACE OF BIRTH

RECEIVED NOV 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of

No. St.

Registration District No. 82 File No. 105612

Hospital

Primary Registration District No. 2159 Registered No. 53

FULL NAME OF CHILD Raleigh J. Scott
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓		✓	yes	Sept. 12 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Walter J. Scott	FULL MAIDEN NAME	Mattie Rickman
RESIDENCE	Soda Spgs. Ida	RESIDENCE	Soda Spgs. Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	N. C.	BIRTHPLACE	N. C.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:70 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs Ida

Give names added from a supplemental report.

, 19

Ellis Kackley
Registrar.

Filed Oct 31 1922 Ellis Kackley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1943

249-213-015-693

PLACE OF BIRTH

name added 11-18-82

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of ✓

No. ✓ St.

Hospital ✓

Registration District No. 62

Primary Registration District No. 2154

File No. 105614

Registered No. 55

FULL NAME OF CHILD Ida Mae Smith
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of birth Oct 13 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 | Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Silas A. Smith	FULL MAIDEN NAME	Hilda L. Wilbur
RESIDENCE	Conda, Ida	RESIDENCE	Conda, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wyo	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs, Idaho

Give names added from a supplemental report.

....., 19....

Elsie Kurtz
Registrar.

Filed Oct 31 1922 Elsie Kurtz
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-20-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
NOV 17 2 01 PM '82

State of Washington
County of Spokane } ss.

Certificate No. 105614
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Smith (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 13, 1922 (Date of Event)

in Caribou County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ida Mae Smith

Subscribed and sworn to before me this 26th day of July 1982.

Notary Public, Joann Foley
Residing at Spokane, Washington
My commission expires 7-6-85
(Seal)

X Ida Mae Magnuson
Signature of Applicant

468 W Center, Blackfoot Ida. 83221
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Spokane } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of July 1982.

Notary Public, Joann Foley
Residing at Spokane
My commission expires 7-6-85
(Seal)

Bertha Talmar
Supporting Signature

E 3128 - 28th Ave. Spokane, Wa. 99203
Street Address, City, State

1 cc pd

1 cc pd total-2

Certificate of birth from State of Idaho state file # 53-1339 gives Marlene Mangum born 2-23-53 in Blackfoot, to George Addison Mangum and Ida Mae Smith. Viewed by V.S.

NOV 18 1982

Marriage Certificate from Idaho Falls gives George A Mangum and Ida Mae Smith were married in Idaho Falls on 1-14-44 in BonnevilleCounty, Viewed by V.S.

764-201-015-666 child's name added 10-2-87 lh

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of —

No. — St.

Hospital —

Registration District No. 82 File No. 105615

Primary Registration District No. 2159 Registered No. 51

FULL NAME OF CHILD: RUTH Godfrey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
7	—		—	yes	Oct. 1 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Eugene Godfrey	FULL MAIDEN NAME	Minnie Wood
RESIDENCE	McCammon Ida	RESIDENCE	McCammon Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Concrete Foreman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs Idaho

Give names added from a supplemental report.

....., 19....

Eric Kuntz
Registrar.

Filed Oct 31, 1922 Eric Kuntz
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 22 1987

8-11-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

RECEIVED

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

AUG 28 1987

VITAL STATISTICS UNIT

State of Wyoming
County of Big Horn } ss.

Certificate No. 105615
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed female Godfrey (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 1, 1922 (Date of Event)

in Caribou County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed Godfrey	Ruth Godfrey

Subscribed and sworn to before me this 15th day of August, 1987.

Notary Public, D. J. Skovgard
Residing at 5024 Alcova Rt. Casper, Wyo.
My commission expires 6-14-88

D. J. SKOVGARD - Notary Public
County of Natrona (Seal) State of Wyoming
My Commission Expires June 14, 1988

Ruth Skovgard
Signature of Applicant

Greybull River Rd, Bx 32 Bysin, Wyo 82410
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyo
County of Natrona } ss.

(Must be completed __)
(Is not necessary XXX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of August, 1987.

Notary Public, D. J. Skovgard
Residing at 5024 Alcova Box 11, Casper, Wyo 82604
My commission expires 6-14-88

D. J. SKOVGARD - Notary Public
County of Natrona (Seal) State of Wyoming
My Commission Expires June 14, 1988

Hattie Noble
Supporting Signature

126 North Second Street
Street Address, City, State

1cc pd

Policy from Combined Ins. Co. of America gives name as Ruth Skovgard born Oct 1, 1922, issued June 23, 1977.
Viewed by V.S.

Diploma from Big Horn County, Wyoming Elementary Schools, given May 15, 1936.
Viewed by V.S.

893-217-015-249

Child's name & DOB amended 3-19-93 MCM

PLACE OF BIRTH

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105616

County of Caribou

City of Soda Spgs.

No. — St.

Registration District No. 82 File No.

Hospital —

Primary Registration District No. 4159 Registered No. 56

FULL NAME OF CHILD ~~Marvin~~ MYRLE DEAN Hildreth
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	yes	Aug 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Wm. S. Hildreth	FULL MAIDEN NAME	Josie Burchfield
RESIDENCE	Soda Springs, Ida	RESIDENCE	Soda Spgs. Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Colo.	BIRTHPLACE	Tenn.
OCCUPATION	Printer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs, Idaho

Give names added from a supplemental report.

....., 19....

Eric Kaelty
Registrar.

Filed Oct 31 1922 Eric Kaelty
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

2-24-93

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of Idaho
County of Caribou } ss. MAR 11 12 10 PM '93

Certificate No. 105616
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for Maera Hildreth (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 17, 1922 (Date of Event)

in Caribou (Soda Springs) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Maera Hildreth	Myrle Dean Hildreth
DATE BIRTH	AUGUST 17, 1922	AUGUST 19, 1922

Subscribed and sworn to before me this 12 day of March, 1993.

Notary Public, Frances J Aaron

Residing at 6649 E 16th St Yuma Az

My commission expires Feb 5 1995

(Seal)

NOTARY PUBLIC
STATE OF ARIZONA
YUMA COUNTY
FRANCES J. AARON
My Commission Expires Feb. 5, 1995

Myrle H. Steele
Signature of Applicant

Box 1024 - Soda Springs, Idaho 83276
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ✓)

State of
County of

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of my knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

ID birth-certificate shows William Val Steele born Sept 25, 1942 in Soda Springs to Val Mark Steele and Myrle Dean Hildreth age 20, and born in Soda Springs, state file #364663. Viewed by VS MCM. MAR 19 1993

LDS baptism certificate shows Myrle Dean H Steel born Aug 19, 1922 in Soda Springs to William S Hildreth and Josphine Burchfield and baptized Oct 7, 1950 by Robert J Frazer. Viewed by VS MCM. MAR 30 1993

Social Security Award Certificate shows Myrle H Steele born Aug 19, 1922 and entitled to benefits on Sept 11, 1984. Viewed by VS MCM.

814-122-015-213

PLACE OF BIRTH

County of Caribo

City of Davisville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 82 File No. 105623

Primary Registration District No. 2159 Registered No. 50

FULL NAME OF CHILD Alexander Daniel Blaine Harris

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth Sept. 22 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Franklin Weaver Harris	FULL MAIDEN NAME	Florence Pearl Balls Harris
RESIDENCE	Thatcher, Idaho	RESIDENCE	Thatcher Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Thatcher, Idaho	BIRTHPLACE	Riverdale, Idaho
OCCUPATION	Cattle man.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5-50 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Esther E. Lloyd Davis

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Clifton, Idaho

Eris Kaely Registrar

Filed Oct 31 1922

Eris Kaely Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A [illegible] OF 3
BE FILED FOR EACH CHILD AND THE [illegible] NEED W

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Soda Springs

Street: .....

County: Cariboo

File Number: 105623

Registration Dist. No. .....

Date of Birth: Sept 22 1922

Sex of Child: Male

Father: Franklin W. Harris (Full Name)

Mother: Florence Pearl Balls (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Alexander Daniel Blaine Harris

Child's Name in Full

Frank W. Harris

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

313-130
PLACE
016-713

RECEIVED
2 1922
[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Cassia

City of Declo

No.

Hospital

CERTIFICATE OF BIRTH 105624

Registration District No. 117 File No.

Primary Registration District No. 2196 Registered No. 2386

FULL NAME OF CHILD
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 30 1922

What bactericidal solution was used in eyes? 10 % solution of argyrol freshly prepared

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Joseph Sessel Talbot	FULL MAIDEN NAME	Rachel Mary Palmer
RESIDENCE	Declo Idaho	RESIDENCE	Declo, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Oak City, Utah	BIRTHPLACE	Park Valley, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rich

Physician (Physician or midwife)

Address Burley, Idaho

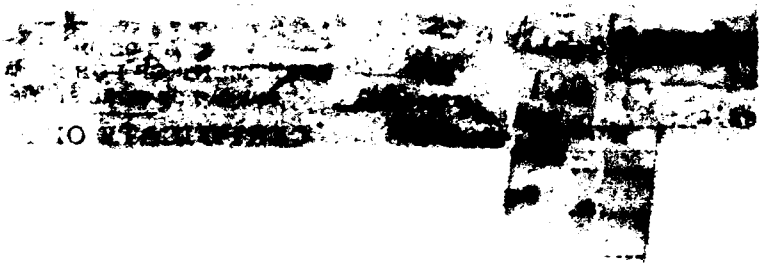
Filed Oct. 2 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



133-220-86-342

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105625

County of Cassia

City of Burley

No. ____ St.

Registration District No. 117

File No. ____

Hospital ____

Primary Registration District No. 2191

Registered No. 2385

FULL NAME OF CHILD Bert Allen
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 20 1922

What bactericidal solution was used in eyes? 10% solution of argyrol freshly prepared

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: James Bird Allen	FULL MAIDEN NAME: Alice Isabell Cushion
RESIDENCE: Burley, Idaho	RESIDENCE: Burley , Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Smithfield, Utah	BIRTHPLACE: Hallston, England
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **, at** 7:10 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) C. A. Rich

Physician
(Physician or midwife)

Address Burley, Idaho

Filed Oct 3 1922 W. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

281-222-016-255

County of Cassia

City of Burley

No. St.

Hospital

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105626

Registration District No. 117 File No.

Primary Registration District No. 2196 Registered No. 2384

FULL NAME OF CHILD

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept. 22 1922

What bactericidal solution was used in eyes? 10 % solution of argyrol freshly prepared

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lane Shallman	FULL MAIDEN NAME	Josephine Marie Kenner
RESIDENCE	Burley, Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Asotin, Wash	BIRTHPLACE	Blackfoot, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Rich

Physician (Physician or midwife)

Address Burley Ida

Filed Oct. 2 1922 Dr. J. C. Patterson Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

SEVERAL REASONS WHY A CL... OF BIRTH SHO
FOR EACH CHILD AND THE SAME COMPLETED WITH THE ...

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Place of Birth: Street .....

Place of Birth: County .....

File Number 105626

Registration Dist. No. .....

Sex of Child ..... Female

Date of Birth .....192....

Father ..... Mother .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

11-016-391

CE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105627

of Cassia

of Burley

St.

Registration District No. 117 File No.

Hospital Primary Registration District No. 2196 Registered No. 2383

FULL NAME OF CHILD Aileene Isabelle Wilson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 11 1922

What bactericidal solution was used in eyes? 10 % solution of argyrol freshly prepared

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Ernest William Wilson	FULL MAIDEN NAME: Sarah Catherin Trangue
RESIDENCE: Burley, Idaho	RESIDENCE: Burley, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Clio, Iowa	BIRTHPLACE: Atchinson, Kan.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **, at** 8:40 P. M. **on the date above stated.**

(Signature) C. A. Rich

Physician (Physician or midwife)

Address Burley, Idaho

Filed Oct. 2 1922 Dr. J. C. Patterson Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC
N. B.—In case of more than one child at birth a SEPARATE RETURN must be mad
and the number of each, in order of birth stated.

128-110-016-119

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105628

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

County of Cassia

City of Burley

No. ..... St. Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2382

FULL NAME OF CHILD Richard James Ashby
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept. 10 1922

What bactericidal solution was used in eyes? 10% argyrol freshly prepared

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: William Earl Ashby	FULL MAIDEN NAME: Norrien Evangeline Jarvis
RESIDENCE: Burley Idaho	RESIDENCE: Burley Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Aurora Utah	BIRTHPLACE: Salt Lake City, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11.00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rich

Physician
(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct. 2 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1942

293-210-016-769

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 117 File No. 105629

Primary Registration District No. 2196 Registered No. 2381

FULL NAME OF CHILD Marie Silva
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 10, 1922

What bactericidal solution was used in eyes? 1 to 10 % argyrol freshly prepared

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Maxsimino Silva	FULL MAIDEN NAME: Tesus Porras
RESIDENCE: Burley Idaho	RESIDENCE: Burley Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Tarecuaro Mexico	BIRTHPLACE: Tarecuaro Mexico
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10,00 A. M. on the date above stated.

(Signature) C. A. Rich

Physician (Physician or midwife)

Address Burley Idaho

Filed Oct. 2 1922 Dr. J. C. Patterson Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

861-215-016-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105630

County of Cassia RECEIVED

City of Burley OCT 2 [illegible]

No. [illegible] St. STATE

Registration District No. 117 File No.

Hospital Primary Registration District No. 2196 Registered No. 2380

FULL NAME OF CHILD Ella Hoagland
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 15, 1922

What bactericidal solution was used in eyes? 10 % solution of argyrol freshly prepared

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Joseph D. Hoagland	FULL MAIDEN NAME	Sarah Evelyn Petting
RESIDENCE	Burley, Idaho	RESIDENCE	Burley , Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Willard , Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rich

Physician (Physician or midwife)

Address Burley Idaho

Filed Oct 2 1922 Dr. J. C. Patterson

Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-123-016-249

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 105631

Primary Registration District No. 2196 Registered No. 2379

FULL NAME OF CHILD Bailey

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes.	Sept. 23 1922

What bacteriocidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	M. L. Bailey.	FULL MAIDEN NAME	Lillian Smith
RESIDENCE	Burley. Ida.	RESIDENCE	Burley. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Farming.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley. Idaho.

Filed Oct. 3 1922 Dr. J. C. Patterson

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

79-225-066-133

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105632

RECEIVED
OCT 21 1922
VITAL STATISTICS

County of Cassia
City of Burley
No. R. 7 N. 3 St.
Hospital

Registration District No. 117
Primary Registration District No. 2196
File No.
Registered No. 2378

FULL NAME OF CHILD Marjorie Graham
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Sept. 25 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	D. A. Graham.	FULL MAIDEN NAME Beulah Allen.
RESIDENCE	Burley. Idaho.	RESIDENCE Burley. Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Arkansas.	BIRTHPLACE Utah.
OCCUPATION	Farming.	OCCUPATION House-wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 4 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Ida

Filed Oct. 3 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Boise, Idaho, NOV. 13. 1922. 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: at home A.C. #3.

County: Cassia

File Number: 105632

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Sept. 23-th 192. 2

Father: [illegible] Full Name

Mother: Beulah Allen Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Marjorie Graham
Child's Name in Full

Beulah Graham
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

239-222-016-263

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

County of Cassia
City of Burley
No. ..... St.
Registration District No. 117
File No. 105633
Hospital
Primary Registration District No. 2196
Registered No. 2377

FULL NAME OF CHILD Evelyn Ruth Stromberg.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	Sept 22 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	A.C. Stromberg.	FULL MAIDEN NAME	Mary Bolander.
RESIDENCE	Burley. Idaho.	RESIDENCE	Burley. Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farming.	OCCUPATION	House-wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)
Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Oct 3 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 0 19

719-112-016-234

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

File No. 105634

Hospital Fremstad

Primary Registration District No. 2196

Registered No. 2376

FULL NAME OF CHILD Reed Eldon Garver

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	Sept. 12 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	R. D. Garver.	FULL MAIDEN NAME	Vera Stufft.
RESIDENCE	Burley. Ida.	RESIDENCE	Burley. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Forest Supervisor.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician (Physician or midwife)

Address Burley, Idaho

Filed Sept 30 1922 Dr. J. C. Patterson

Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-117-066-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

File No. 105635

Hospital .....

Primary Registration District No. 2196

Registered No. 2375

FULL NAME OF CHILD Harry E. Day.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	and		Yes.	Sept 17 1922

What bacterieidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	E. L. Day.	FULL MAIDEN NAME Jennie Nelson
RESIDENCE	Burley. Ida.	RESIDENCE Burley. Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	35	28
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Laborer.	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Patterson M. D.

(Physician or midwife)

Address Burley. Idaho

Filed Sept 29 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-(14)-016-266

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 105636

Primary Registration District No. 2196 Registered No. 2374

FULL NAME OF CHILD Geo B. Call.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		Yes.	Sept. 14 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J. R. Call.	FULL MAIDEN NAME	La Vern Bowcutt
RESIDENCE	Burley. Idaho.	RESIDENCE	Burley. Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah.	COLOR	White
OCCUPATION	Farming.	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Idaho.
		OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician (Physician or midwife)

Address Burley Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 26 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3A

WHY A CERTIFICATE OF BIRTH SHOULD
BE SAME COMPLETED WITH THE NAME OF CHILD

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

File Number: 105636

Street:

Registration Dist. No.:

County: Cassia

Sex of Child: Male

Date of Birth: Sept 14 1922

Father: J. Russell Call (Full Name)

Mother: Lawrena Bowen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Rex B. Call (Child's Name in Full)

J. Russell Call (Signature of Father or Mother)

(also Keith B. Call born Dec. 30, 1920, which I don't think has been recorded)

and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

291-212 · 016-215

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Local District No. 117 File No. 105637

Primary Registration District No. 2196 Registered No. 2373

FULL NAME OF CHILD Bonnie Braden.

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	Sept 12 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	J. L. Braden.	FULL MAIDEN NAME	Mary P. Savage.
RESIDENCE	Burley. Ida.	RESIDENCE	Burley. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Idaho.
OCCUPATION	Engineer.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Ida

Filed Sept 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: 321 S. Normal

County: Cassia

File Number: 105637

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Sept. 12, 1922

Father: John L. Braden (Full Name)

Mother: Mary P. Savage (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Bernice Braden

Child's Name in Full

Mrs. John L. Braden

Signature of Father or Mother

BUREAU OF VITAL STATISTICS NOV 17 1922

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

259-112-016-155
PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Cassia
City of Burley
No. ..... St.
Hospital

Registration District No. 117
Primary Registration District No. 2196

File No. 105638
Registered No. 2372

FULL NAME OF CHILD Charles J. Keim Keim
(Certificate of no value without full name of child.)

Sex of Child: Male
Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)
Legitimate? Yes.
Date of birth (Month) Sept (Day) 12 (Year) 192 2

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2
Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	C. A. Keim	FULL MAIDEN NAME	Janice Jenkins
RESIDENCE	Burley, Ida	RESIDENCE	Burley, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Warehouse-man	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)
Address Burley, Ida

Filed Sept 21 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: No. Normal

County: Cassia

File Number: 105638

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Sept. 12 1922

Father: Clyde Carson Keim (Full Name)

Mother: Mary Jane Hawkins (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charles Jr. Keim
Child's Name in Full

Clyde A Keim
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

144-109-016-135

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley.

No. ..... St.

Hospital .....

Registrar's District No. 117 File No. 105639

Primary Registration District No. 2196 Registered No. 2371

FULL NAME OF CHILD Gaylon Keith Judd.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	and		Yes.	Sept. 9 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	R. G. Judd.	FULL MAIDEN NAME	Maud Alexander.
RESIDENCE	Burley. Ida.	RESIDENCE	Burley. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Salesman.	OCCUPATION	Hefa.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician
(Physician or midwife)

Address Burley Idaho.

Give names added from a supplemental report.

....., 19.....

Filed Sept. 19 1922 Dr. J. C. Patterson
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: 520 East 3rd St

County: Cassia

File Number: 105639

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Sept 9th 192...

Father: Riley Garner Judd (Full Name)

Mother: Maud Mary Alexander (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gaylon Keith Judd

Child's Name in Full

R G Judd

Signature of Father or Mother

MAR 4 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-103-016-666

PLACE O[redacted]

County of S[redacted]

City of Bu[redacted]640

No. [redacted]

Hospital ..... Primary Registration District No. 2196 Registered No. 2370

FULL NAME OF CHILD Raymond Harlow Campbell.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	Sept. 3 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	H. H. Campbell.	FULL MAIDEN NAME	Ruth Woods.
RESIDENCE	Victor. Idaho.	RESIDENCE	Victor - Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kansas.	BIRTHPLACE	Utah.
OCCUPATION	School-teaching.	OCCUPATION	Hsfe.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley. Idaho.

Filed Sept. 12 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

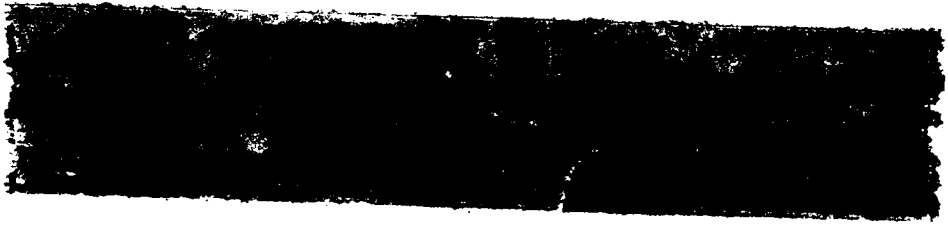
....., 19.....

.....
Registrar.

K

DECLASSIFIED

SEP 1 1944



364-229-946-584

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Declo

No. ..... St.

Hospital .....

RECEIVED
OCT 21 1927
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 105641

Primary Registration District No. 2-795 Registered No. 2392

FULL NAME OF CHILD Louder, Wayda Bernice
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept 29 1927

What bactericidal solution was used in eyes? Arg. Nit. 3

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME A. S. Louder	FULL MAIDEN NAME Fannie Nyman
RESIDENCE Declo	RESIDENCE Declo
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Wyo	BIRTHPLACE Finland
OCCUPATION Laborer	OCCUPATION Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) F. H. Cutler M.D.
(Physician or midwife)

Address Burley Ida

Filed Oct 7 1927 Dr. J. C. Patterson Registrar.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOU
...H CHILD AND THE SAME COMPLETED WITH TH

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Declo

Street: —

County: Cassia

File Number: 105641

Registration Dist. No.: 117

Date of Birth: Sept. 29 1922

Sex of Child: Female

Father: Admiral S. Louder (Full Name)

Mother: Fanny Maria Nyman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Rayda Bernice Louder
Child's Name in Full

Mrs. A. S. Louder
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

366-730-016-413

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105642

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

File No. .....

Hospital .....

Primary Registration District No. 2196

Registered No. 2391

FULL NAME OF CHILD George Earl Toolson

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Sept 30 1922

What bactericidal solution was used in eyes? Arg. Nos

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Geo H Toolson	FULL MAIDEN NAME	Margaret Ellen Matthews
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Dentist	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 11 20 a. **M. on the date above stated.**

(Signature) F. H. Curtis

MD

(Physician or midwife)

Address Burley Ida

Filed Oct. 7 1922 D. J. C. Patterson

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

' 2 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
FOR EACH CHILD AND THE SAME COMPLETED WITH

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

BUREAU OF VITAL STATISTICS

Place of Birth — City: Burley Idaho

Street: 130 S. Miller

County: Cassia

File Number: 105642

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Sept. 30, 192x

Father: George H. Toolson
Full Name

Mother: Margaret Ella Matthews
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

George Earl Toolson
Child's Name in Full

Geo. H. Toolson
Signature of Father or Mother

MAY 14 [illegible]

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

114-12-816-815

County of Cassia

City of Burley

No. ..... St.

Hospital .....

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 105643

Primary Registration District No. 2196 Registered No. 2390

FULL NAME OF CHILD Girl Green

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 17 1922

What bactericidal solution was used in eyes? Arg. Nit. 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	James R. Green	FULL MAIDEN NAME Eliza Hanks
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	40
BIRTHPLACE	Utah	Ut
OCCUPATION	Farmer	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) F H Cutler MD

(Physician or midwife)

Address Burley Ida.

Filed Oct 7 1922 Dr. J. C. Patterson Registrar.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SH
D FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley Idaho

Street:

County: Cassia

File Number: 105643

Registration Dist. No.: 29

Sex of Child: Male

Date of Birth: Sept 17 192.2

Father: James Robert Sheen (Full Name)

Mother: Eliza Hanks (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Brant (Child's Name in Full)

James Robert Sheen (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

469-212 966-255

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Declo

No. ..... St.

Registration District No. 117 File No. 105644

Hospital ..... Primary Registration District No. 2196 Registered No. 2389

FULL NAME OF CHILD Beatrice Virginia Mortensen

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Sept 12 1922

What bactericidal solution was used in eyes? Arg Nos

Number of child of this mother, including present birth 1/2 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Peter A. Mortensen	FULL MAIDEN NAME	Elsie E. Bennett
RESIDENCE	Declo	RESIDENCE	Declo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hsf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) F H Cutler M D

(Physician or midwife)

Address Burley Ida

Filed Oct 7 1922 D. J. C. Patterson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Derlo

Place of Birth — Street:

Place of Birth — County: Cassia

File Number: 105644

Registration Dist. No.:

Date of Birth: Sept. 12 1922

Sex of Child: Female

Father: Peter Alonzo Mortensen (Full Name)

Mother: Edie Ellen Bennett (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Beatrice Virginia Mortensen
(Child's Name in Full)

P. A. Mortensen
(Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

235-209-96-23

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Registration District No. 117 1

File No. 105645

Hospital ____

Primary Registration District No. 2196

Registered No. 2388

FULL NAME OF CHILD Bailey Stephenson

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet — or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)			Yes	Sept 9 1922

What bactericidal solution was used in eyes? Cr. No. 3

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Edmund A Stephenson	FULL MAIDEN NAME	Mary Stone
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	Hsf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler MD

(Physician or midwife)

Address Burley Ida

Filed Oct 7 1922 Dr. J. C. Pattison

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE
DEPARTMENT OF PUBLIC WORKS

STATE OF IDAHO

'T OF PUBLIC WELFARE

NOV 1 3 1922

Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number 105645

Registration Dist. No. .....

Sex of Child Female

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

753-11-016-557

PLACE OF BIRTH

RECEIVED
OCT 21 [illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of _____

No. _____ St.

Hospital _____

Registration District No. 117 File No. 105646

Primary Registration District No. 2196 Registered No. 2387

FULL NAME OF CHILD Andrew Peterson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 11th 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John August Peterson	FULL MAIDEN NAME	Anna Mattis England
RESIDENCE	Cassia Co, Idaho	RESIDENCE	Cassia Co Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Sweden	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician

(Physician or midwife)

Address Rupert, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Oct 4th 1922 Dr. J. C. Patterson

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 4 1965

SEP 1 8

859-122-016-993

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105648

County of Cassia

City of Oakley

No. / St.

Registration District No. 120 File No. XXVIII

Hospital

Primary Registration District No. 2199 Registered No. 11

FULL NAME OF CHILD Heiner

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept. 22 1922

What bactericidal solution was used in eyes? Ag NO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Orville Heiner	FULL MAIDEN NAME	Mildred Rickens
RESIDENCE	Oakley Id.	RESIDENCE	Oakley Id
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at S. N. P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Nielson
(Physician or midwife)

Address Oakley Id

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec 3/ 1922 W. H. Nielson
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

731-224-016-396

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

105650

CERTIFICATE OF BIRTH

County of Cassia

City of Tabler

No. ..... St.

Registration District No. 1130 File No. XXVIII

Hospital 1 Primary Registration District No. 2199 Registered No. 13

FULL NAME OF CHILD Lula Mais Platt
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of birth (Month) Sept (Day) 24 (Year) 1922
female			

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 16 Number of child of this mother now living, including present birth 13

FATHER		MOTHER	
FULL NAME	Geo Mrs Platt	FULL MAIDEN NAME	Rosa Crofts
RESIDENCE	Oakley Id.	RESIDENCE	Oakley Id.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. O. Nielson
(Physician or midwife)

Address Oakley Idaho

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed Oct. 31 1922 N. F. O. Nielson
Regist

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REASONS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED
DEC 1 1922
BUREAU OF VITAL STATISTICS

Place of Birth — City: Oakley Idaho — Street: ..... — County: Cassia

File Number: 105650

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: 24 Septm 1922

Father: George William Platt (Full Name) Mother: Rose Hannah Croft (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lula Mary Platt
Child's Name in Full

Mrs Rose Hannah Platt
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

413-124-016-257

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

105651

CERTIFICATE OF BIRTH

RECEIVED NOV 11 1922

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 12d File No. XXVIII

Hospital ..... Primary Registration District No. 299 Registered No. 14

FULL NAME OF CHILD Harold Allen Mathews

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept 24 1922

What bacteriolidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	E. S. Mathews	FULL MAIDEN NAME	Maude E. Dean
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley "
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **at** 4:40 **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) H. O. Nielson

(Physician or midwife)

Address Oakley Idaho

Filed Oct 31 1922 H. O. Nielson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

[illegible] IFICATE [illegible] BIRTH SH

[illegible] E FILED [illegible] E COMPLETED WITH THE

The name of your baby w... not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Street:

County: Cassia

File Number: 105651

Registration Dist. No.:

Date of Birth: Sept 24 1928

Sex of Child: Male

Father: Ernest S. Mattice (Full Name)

Mother: Maude E. Grass (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Harold Allen Mattice
Child's Name in Full

Ernest S. Mattice
Signature of Father ~~or Mother~~

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

418-126-016-381

PLACE OF BIRTH

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105652

County of Oneida

City of Oakley

No. ____ St.

Registration District No. 120 File No. XXVII

Hospital ____ Primary Registration District No. 2197 Registered No. 15

FULL NAME OF CHILD Charles Jr. Dayley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 26 1922

What bactericidal solution was used in eyes? Argyrol 30%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Charles Medrick Dayley	FULL MAIDEN NAME	Elizabeth Chapman
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Jesse L. Rainwater M.D.
(Physician or midwife)

Address Oakley Idaho

Filed Oct 3 1922 M. D. Nelson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Street:

County: Cassia

File Number: 105652

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Sept. 7th 1922.

Father: Charles F. Oakley (Full Name)

Mother: Elizabeth Chapman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charles Junior Oakley
Child's Name in Full

Mrs. Chas. F. Oakley
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

344-127-016-259

PLACE OF BIRTH

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105653

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 120 File No. XX VIII

Hospital ..... Primary Registration District No. 2199 Registered No. 16

FULL NAME OF CHILD Russel Edward Cummins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	/		/	Yes	Sept 27 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? AgNO3 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Lowell Blaine Cummins	FULL MAIDEN NAME	Minnie Sadie Knight
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rainsen M.D.
(Physician ~~or midwife~~)

Address Oakley Ida

Filed Oct 31 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
NOV 21 1922
BUREAU OF VITAL STATISTICS

IDAHO
DE IC WELFARE

NOV 1

Boise, Idaho, ... 1 ... 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City Oakley Idaho
Street .....
County Cassia

File Number 105653

Registration Dist. No. .....

Date of Birth Sept. 27 1922

Sex of Child Male

Father Lowell Blaine Cummins
Full Name

Mother Minnie Sadie Knight
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Russel Edward Cummins
Child's Name in Full

Mrs. Lowell B. Cummins
Signature of Father or Mother

FEB 8 19

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

951-728-01-62-61

PLACE OF BIRTH

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105654

County of Cassia

City of Oakley

No. ____ St.

Registration District No. 150

File No. XX

Hospital ____

Primary Registration District No. 299

Registered No. 17

FULL NAME OF CHILD Elmer LaMar Read

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 24 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Elmer Read	FULL MAIDEN NAME Louise Swallow
RESIDENCE	Oakley Idaho	Oakley Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	23 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 5 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W. F. Nelson

(Physician or midwife)

Address Oakley Idaho

Filed Oct 3 1922 W. F. Nelson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho..... .....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED JAN 2 1929 BUREAU OF VITAL STATISTICS

Place of Birth — City ..... Oakley

Street ..... R. 1. Idaho

County ..... Cassia Co.

File Number 105654

Registration Dist. No. 22

Date of Birth ..... Sept 28 ..... 192.2

Sex of Child..... Male

Father ..... Elmer Read
Full Name

Mother ..... Louise Swallow
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Elmer La Mar Read .....
Child's Name in Full

..... Louise Read .....
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

319-129-016-391

PLACE OF BIRTH

County of Cassia

City of Island

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH - 105655

Registration District No. 120 File No. XXVIII

Primary Registration District No. 2194 Registered No. 18

FULL NAME OF CHILD HAROLD MILTON LARSON
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	/		/	Yes	Sept 29 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? AgNO3 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Adolph Larson	FULL MAIDEN NAME	Ellen Crabb
RESIDENCE	Island	RESIDENCE	Island
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Sweden	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 35 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains M.D.
(Physician ~~or midwife~~)

Address Cahley Idaho

Filed Oct 31 1922 R. T. O'Nielson
Registrar.

Give names added from a supplemental report.

K ....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Whatcom } ss.

Certificate No. 105655
Date Filed MAY 28 1942

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Harold Larson (Name on Original Certificate) who was (Was Born or Died) on Sept. 29, 1922 (Date of Event)
in Island, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother of child (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Harold	Harold Milton Larson

Subscribed and sworn to before me this 26th
day of May 19 42
Esther Roeder
Notary Public, residing at Bellingham, Wash
My commission expires June 17, 1944
(Seal)

Signed Ellen Larson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1244 Raymond St., Bellingham, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 1 1942

231-130-016-693

PLACE OF BIRTH

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

105656

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 120 File No. XXVIII

Hospital ..... Primary Registration District No. 2199 Registered No. 19

FULL NAME OF CHILD Russel W. Stanger
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Sept 30 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Tom Stanger	FULL MAIDEN NAME	Ida Wilson
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. G. Wilson
Oakley Idaho
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address

Filed Oct 31 1922 N. G. Wilson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Street:

County: Cassia

File Number: 105856

Registration Dist. No.: 16

Sex of Child: Male

Date of Birth: Sep. 30 1922

Father: Thomas W. Stanger (Full Name)

Mother: Ida Wilson Stanger (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Russell W. Stanger
Child's Name in Full

Ida W. Stanger
Signature of Father or Mother

PLACE OF BIRTH name added 1-25-83

619-130 016-41.3

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105657

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXVIII

Primary Registration District No. 2199 Registered No. 20

FULL NAME OF CHILD Matthew Ellis Warr
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Sep 30 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Edward Warr	FULL MAIDEN NAME	Edith Matthews
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Banker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson
(Physician or midwife)

Address Oakley Id.

Filed Oct 31 1922 A. F. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1-10-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 24 9 42 AM '83

State of Idaho
County of Cassia } ss.

Certificate No. 105657
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Warr (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 30, 1922 (Date of Event)

in Oakley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Matthew Ellis Warr

Subscribed and sworn to before me this 20th day of January, 1983

Notary Public Frank E. Keane
Residing at Burley Idaho
My commission expires Life
(Seal)

X Matthew Ellis Warr
Signature of Applicant

2593 Burton Burley Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of January, 1983

Notary Public Frank E. Keane
Residing at Burley Idaho
My commission expires Life
(Seal)

Junior Warr
Supporting Signature

2499 Hanson Burley Idaho
Street Address, City, State

Icc credit

Honorable Discharge from U.S. Armed Forces gives Matthew Ellis Warr born 9-30-22 at Oakley, Idaho was discharged on Oct 25, 1950. Viewed by V.S.

Certificate of Ordination to the Holy Priesthood office of a Teacher gives Matthew Ellis Warr son of Edward Warr and Edith Matthews was ordained Oct 10, 1937. Viewed by V.S.

JAN 25 1983

599-114-016-662

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105658

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 12 File No. XXVIII

Primary Registration District No. 219 Registered No. 21

FULL NAME OF CHILD Ericson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Oct. 14 1922

What bactericidal solution was used in eyes? Ag. No 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Alvin Ericson	Mary Wolfe
RESIDENCE	Oakley Ida	Oakley Ida
COLOR	White	white
AGE AT LAST BIRTHDAY	41 (Years)	40 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 8:45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) A. O. Nielson

(Physician or midwife)

Address Oakley Idaho

Filed Oct 31 1922 A. O. Nielson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-115-016-889

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105659

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 120 File No. XX-111

Hospital ..... Primary Registration District No. 2199 Registered No. 22

FULL NAME OF CHILD Byron Leroi Martin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Oct. 15 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Will Martin	FULL MAIDEN NAME	Maonie Whittle
RESIDENCE	Oakley Ida	RESIDENCE	Oakley Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:55 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson
(Physician or midwife)

Address Oakley Ida

Filed Oct. 31 1922 A. F. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Street:

County: Cassia

File Number: 105659

Registration Dist. No.:

Date of Birth: Oct 15 1922

Sex of Child: Male

Father: William H Martin (Full Name)

Mother: Mary Jane Martin (Full Maiden Name) Whittle

I HEREBY CERTIFY that the child described herein has been named:

Byron Leroi Martin (Child's Name in Full)

Wm H Martin (Signature of Father or Mother)

342-220-016-813

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

105660

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 150 File No. XXVIII

Primary Registration District No. 2199 Registered No. 23

FULL NAME OF CHILD Marian Irene
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 20 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Edward Engle	FULL MAIDEN NAME	Rachel Veale
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) H. O. Nelson
(Physician or midwife)

Address Caldwell Ida

Filed Oct. 31 1922 H. O. Nelson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SE[illegible] [illegible] [illegible] [

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

...VED
1922

Place of Birth
City Oakley
Street
County Cassia

File Number 105660

Registration Dist. No.

Date of Birth Oct. 20 1922

Sex of Child Female

Father Edward Ray Tuttle
Full Name

Mother Rachel Louisa Hale
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Miriam Tuttle
Child's Name in Full

Edward R. Tuttle
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

296-120-096-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105661

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 120 File No. XX

Hospital ..... Primary Registration District No. 2199 Registered No. 24

FULL NAME OF CHILD Elden Lee Brooks
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Oct. 20 1922

What bactericidal solution was used in eyes? Ag No. 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J. L. Brooks	FULL MAIDEN NAME	Ellen Barber
RESIDENCE	Oakley Rd.	RESIDENCE	Oakley Rd
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mississippi	BIRTHPLACE	Idaho
OCCUPATION	Railroad Employe	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. O. Nielson
(Physician or midwife)

Address Oakley Idaho

Filed Oct. 31 1922 H. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DE

[illegible] Idaho,

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley Idaho.
Street: Academy
County: Cassia.

File Number: ~~98-55~~ 105661

Registration Dist. No.:

Sex of Child: Male

Date of Birth: October 20th 1922

Father: Jefferson L. Brooks (Full Name)

Mother: Ellen V. Barber (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elden Lee Brooks
Child's Name in Full

Mrs. Ellen V. Brooks
Signature of Father or Mother

JAN 16 1968
JAN 25 1971

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

JUN 3 1942

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

613-131-016-845

PLACE OF BIRTH

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105662

County of Cass

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXVIII

Primary Registration District No. 2199 Registered No. 4

FULL NAME OF CHILD Walker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Aug 31 1922

What bactericidal solution was used in eyes? Ag. No. 3

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	Melvin Walker	FULL MAIDEN NAME	Effie Hunter
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O'Nielson

Oakley Id
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed Oct 31 1922 A. F. O'Nielson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238:230:816-815

PLACE OF BIRTH

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105663

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 120 File No. XXVIII

Hospital ..... Primary Registration District No. 2199 Registered No. 3

FULL NAME OF CHILD Sine Olive Schaling
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Aug 30 1922

What bactericidal solution was used in eyes? Ag. No. 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Parley Schaling	FULL MAIDEN NAME	Josephine Hansen
RESIDENCE	Oakley Id.	RESIDENCE	Oakley, Id.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7.25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. O. Nielson
(Physician or midwife)

Address Oakley Id.

Filed Oct. 31 1922 N. F. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, ...192...

RECEIVED
... 1922
BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Oakley; Street; County Cassia

File Number 105663

Registration Dist. No.

Sex of Child Female

Date of Birth Aug. 30 1922

Father Parley LeRoy Scharling (Full Name)

Mother Josephine Hansen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Sine Olive Scharling
Child's Name in Full

Parley L. Scharling
Signature of Father or Mother

433-230-016-693

PLACE OF BIRTH

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105664

County of Cass

City of Oakley

No. ..... St.

Registration District No. 120 File No. XXVIII

Hospital ..... Primary Registration District No. 207 Registered No. 2

FULL NAME OF CHILD Willie Louise McCain

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Aug. 3d. 1922

What bactericidal solution was used in eyes? Arg. Nos. 1

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Lee McCain	Iva Nelson
RESIDENCE	Oakley Id	Oakley Id
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	20	20
BIRTHPLACE	Georgia	Idaho
OCCUPATION	Laborer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) N. J. O Nelson

(Physician or midwife)

Address Oakley Id

Filed Oct 31 1922 N. J. O Nelson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley, Idaho

Street: .....

County: Cassia

File Number: 105664

Registration Dist. No.: Nineteen (19)

Sex of Child: Female

Date of Birth: Aug. 30th 192.2

Father: George William McCain (Full Name)

Mother: Ina Critchfield Wilson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Billie Louise McCain
Child's Name in Full

George W. McCain
Signature of Father or Mother

712-229016-845

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

105665

CERTIFICATE OF BIRTH

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

County of Cassia

City of Oakley

No. ..... Registration District No. 12 File No. XXXIII

Hospital ..... Primary Registration District No. 199 Registered No. 1

FULL NAME OF CHILD Margaret Garrett
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug. 29 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Steven Garrett	FULL MAIDEN NAME	Thusa Hunter
RESIDENCE	Oakley Ida	RESIDENCE	Oakley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 A M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) N. O. Nielson
(Physician or midwife)

Address Oakley Idaho

Filed Oct. 27 1922 N. O. Nielson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Street:

County: Cassia

File Number: 1965 105665

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Aug 29 1922.

Father: Stephen Henry Paskett (Full Name)

Mother: Thurza Hunter Paskett (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margaret Paskett
Child's Name in Full

Thurza H. Paskett.
Signature of Father or Mother

962-123-016-212

PLACE OF BIRTH

NOV 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105666

County of Cassia

City of Oakley

No. ____ St.

Registration District No. 132 File No. XXVII

Hospital ____ Primary Registration District No. 2199 Registered No. 102

FULL NAME OF CHILD George Baker Robinson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Aug 23 1922

What bactericidal solution was used in eyes? Ag. No. 3

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME	Loren J Robinson Jr	FULL MAIDEN NAME Rosetta Baker
RESIDENCE	Oakley Id.	RESIDENCE Oakley Id
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Kansas
OCCUPATION	Insurance Agt.	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3.50 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) N. J. Shelley

(Physician or midwife)

Address Oakley Id

Filed Oct 3 1922 N. J. Shelley Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

BUREAU OF VITAL STATISTICS

The name of baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Street:

County: Cassia

File Number: 105666

Registration Dist. No.:

Sex of Child: Male

Date of Birth: August 23rd, 192.2

Father: Loran J. Robinson Jr. (Full Name)

Mother: Rosetta V. Baker (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

George Baker Robinson
Child's Name in Full

Rosetta B. Robinson
Signature of ~~Father or~~ Mother

356-118-016-351

PLACE OF BIRTH

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105667

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 120 File No. XXVII

Hospital ..... Primary Registration District No. 2199 Registered No. 99

FULL NAME OF CHILD Frank D. Lewis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Aug. 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? AgNO3 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Loton Eugene Lewis	FULL MAIDEN NAME	Elva Leavitt
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kentucky	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12.50 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rainis, M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Oakley, Ida.

Filed 10/31 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

344-216-016-269

PLACE OF BIRTH

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105668

County of Cassia

City of Oakley

No. ..... St.

Hospital ..... Registration District No. 120 File No. XXVII

Primary Registration District No. 2194 Registered No. 98

FULL NAME OF CHILD Marjorie ~~Cummins~~ Cummins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Aug 16 1922

What bactericidal solution was used in eyes? Ag. No. 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Phil Cummins	FULL MAIDEN NAME	Verda Boren
RESIDENCE	Oakley Id	RESIDENCE	Oakley Id
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5.30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Nielson
(Physician or midwife)

Address Oakley Id

Filed Oct. 31 1922 H. J. Nielson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Cassia } ss.

Certificate No. 105668

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marjorie Cummins (Name on Original Certificate) who was Born (Was Born or Died) on Aug 16 - 1922 (Date of Event)
in Oakley Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Record of Blessing (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Cummins	Marjorie Cummins

Subscribed and sworn to before me this 3 - rd
day of March, 1944
Earl Whiteley
Notary Public, residing at Oakley
My commission expires Mar 25 1947
(Seal)

Signed Verla L Cummins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Oakley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of Mar, 1944
Earl Whiteley
Notary Public, residing at Oakley Ida
My commission expires Mar 25 1947
(Seal)

Signed Philip Cummins
(Signature of Any Credible Person Other Than Previous Year)
Oakley Idaho
(Street Address, City, State)

MAR 7 1944

MAR 9 1944

319-108-016-396

PLACE OF BIRTH

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Cass

City of Oakley

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH 105669

Registration District No. 120 File No. XXVII

Primary Registration District No. 2199 Registered No. 97

FULL NAME OF CHILD Francis Lavon Carson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Aug 8 1922

What bactericidal solution was used in eyes? Ag. No. 3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John V. Carson	FULL MAIDEN NAME	Myrtle Cole
RESIDENCE	Oakley Ida	RESIDENCE	Oakley Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. O. Nielson
(Physician or midwife)

Address Oakley Idaho

Filed Oct 25 1922 A. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Minidoka }

MAY 16 1941

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Francis Lavon Carson (Name on original certificate) who was born (Was born or died) on August 8, 1922 (Date of event)
in Oakley, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Male (unnamed) Carson	Francis Lavon Carson

Subscribed and sworn to before me this 15th day of May, 1942

T A Baker

Notary Public, residing at Rupert, Idaho

My commission expires

[SEAL]

Signed John W Carson (father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

R F D # 2 Rupert, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Minidoka }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 th day of May, 1942

T A Baker

Notary Public, residing at Rupert, Idaho

My commission expires Apr. 4, 1942

[SEAL]

Signed Jim Ross
(Signature of any credible person other than the previous affiant)

Rupert, Idaho
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

363.1020-016-663

County of Cassia

City of Oakley

No.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105670

NOV 4 1922 BUREAU OF VITAL STATISTICS

Registration District No. 120 File No. XXVIII

Primary Registration District No. 2194 Registered No. 5

FULL NAME OF CHILD Mat Aaron Tolman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Sept. 2 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Owen Tolman	FULL MAIDEN NAME	Gladys Wolfe
RESIDENCE	Oakley Id	RESIDENCE	Oakley Id
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson
(Physician or midwife)

Address Oakley Idaho

Filed Oct. 31 1922 A. F. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

ED 1922 VITAL STATISTICS

Place of Birth
City: Oakley
Street:
County: Cassia

File Number: 105678

Registration Dist. No.:

Date of Birth: Sep 2 1922

Sex of Child: Male

Father: Owen Tolman
Full Name

Mother: Gladys Estella Walker
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

mat aaron Tolman
Child's Name in Full

Owen Tolman
Signature of Father or Mother

919-207-06-693

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 4 192[illegible]

CERTIFICATE OF BIRTH 105671

Registration District No. 120 File No. XXVIII

Primary Registration District No. 299 Registered No. 6

FULL NAME OF CHILD Dorothy Maud Rains

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	-	-	Yes	Sept 7 1922

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Jesse Lewis Rains	FULL MAIDEN NAME: Harriet May Wildenthaler
RESIDENCE: Oakley	RESIDENCE: Oakley
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Physician	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11-40 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains M.D.

(Physician or midwife)

Address Oakley Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct 3 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1966

JUN 16 19

813.208.016-418

PLACE OF BIRTH

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105672

County of Cassia

City of Oakley

No.

Registration District No. 120 File No. XXVIII

Hospital

Primary Registration District No. 2199 Registered No. 7

FULL NAME OF CHILD Anna Lou Hale
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Sept 8 1922

What bactericidal solution was used in eyes? Ag. No 3

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Wallace Hale	FULL MAIDEN NAME	Ruola Dayley
RESIDENCE	Oakley Id.	RESIDENCE	Oakley Id
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11.10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. O. Nielson
(Physician or midwife)

Address Oakley Id

Filed Oct. 31 1922 N. F. O. Nielson
Registrar

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Street:

County: Cassia

File Number: 105672

Registration Dist. No.:

Sex of Child: Female

Date of Birth: September 5, 1922.

Father: Wallace A. Hale (Full Name)

Mother: Pearla W. Hale (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Anna Lou Hale
Child's Name in Full

Pearla W. Hale
Signature of Father or Mother

483-217-96-482

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 4 1922
BUREAU OF VITAL STATISTICS

County of Canyon

City of Oakley

No. ..... St.

CERTIFICATE OF BIRTH 105673

Registration District No. 130 File No. 22111

Hospital ..... Primary Registration District No. 2399 Registered No. 8

FULL NAME OF CHILD Charlotte Elaine Uhlig

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	and		yes.	Sept. 17 1922

What bactericidal solution was used in eyes? Ag. No. 1

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME	Chas. E. Uhlig	FULL MAIDEN NAME Angie Van Dyke
RESIDENCE	Rockhill Idaho	RESIDENCE Rockhill Id.
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY (Years)	38	31
BIRTHPLACE	Nebraska	BIRTHPLACE Montana
OCCUPATION	Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Caesar (Born alive or stillborn) at 1.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) H. L. O'Meara

(Physician or midwife)

Address Oakley Id

Filed Oct 31 1922 H. L. O'Meara Re

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUB...

RECEIVED
NOV 24 19...
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Churchill

Street: .....

County: Cassia

File Number: 105678

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: September 17, 1922

Father: Charles Ernest Uhlig (Full Name)

Mother: Addie M. Van Dyck (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charlotte Elaine Uhlig
Child's Name in Full

Mrs Chas. E Uhlig
Signature of Father or Mother

OCT 1 8 1943

NOV 1 1943

813-221-016753

name added 7-24-84 dl

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

105674

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXVIII

Primary Registration District No. 2199 Registered No. 9

FULL NAME OF CHILD Rosemary Hale
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of birth (Month) Sept. (Day) 21 (Year) 1922
female			

What bactericidal solution was used in eyes? Ag No. 3

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Bert Hale	FULL MAIDEN NAME	Lucille Pettingrew
RESIDENCE	Oakley, Id.	RESIDENCE	Oakley, Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Freighter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson
(Physician or midwife)

Address Oakley, Id.

Filed Oct 31 1922 A. F. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-16-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

RECEIVED
JUL 23 1984
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 105674
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Hale (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 21, 1922 (Date of Event) in Oakley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Rosemary Hale

OFFICIAL SEAL
JEAN K. T. CARTER
NOTARY PUBLIC - CALIFORNIA
SONOMA COUNTY
My Comm. Expires Oct. 18, 1985

Subscribed and sworn to before me this 18th day of July, 1984

Notary Public, Jean K. T. Carter
Residing at 753 1st St W. Sonoma
My commission expires October 18, 1985
(Seal)

X Rosemary Aubrey
Signature of Applicant
X 20735 Temelec Dr.
Street Address, City, State Sonoma Ca.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sonoma }

OFFICIAL SEAL
JEAN K. T. CARTER
NOTARY PUBLIC - CALIFORNIA
SONOMA COUNTY
My Comm. Expires Oct. 18, 1985

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that from knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of July, 1984

Notary Public, Jean K. T. Carter
Residing at 753 1st St W., Sonoma
My commission expires October 18, 1985
(Seal)

James J & Aubrey
Supporting Signature
20735 Temelec Dr Sonoma Calif.
Street Address, City, State

1cc pd

Certificate of Baptism from LDS Church gives Rosemary Hale daughter of Albert Hale, Jr. and Lucile Pettingrew born 9-23-22 in Oakley, was baptised May 2, 1931. Viewed by V.S.

JUL 24 1984

Public School diploma from Cassia County lists Rosemary Hale completed course of study in elementary schools on May 29, 1936. Viewed by V.S.

356-119-017-455

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

County of Clark

CERTIFICATE OF BIRTH

City of Dubois

Registration District No. 125 File No. 105675

No. ..... St.

Primary Registration District No. 2203 Registered No. .....

Hospital .....

FULL NAME OF CHILD Leon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Antonio Leon	FULL MAIDEN NAME	Veneta Mendoza
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White AGE AT LAST BIRTHDAY 37 (Years)	COLOR	White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	R R Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at about 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) no help present for several hours

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Sept 19 1922 C E Jones M D Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-114-017 45 A

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

County of Clark

City of Dubois Registration District No. 125 File No. 105676

No. ..... St. .....

Primary Registration District No. 2203 Registered No. .....

Hospital .....

FULL NAME OF CHILD Blaine Leroy Manus

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 14 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alva E Manus	Virginia Menagh
RESIDENCE	Dubois	Dubois
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Ky	SD
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

(Signature) C E Jones M D
(Physician or midwife)

Address Dubois Idaho

Filed Sept 14 1922 C E Jones M D
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, NOV 3 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ... Dubois

Street .....

County ... Clark

File Number ... 105676

Registration Dist. No. .....

Sex of Child ... Male

Date of Birth Sept. 14 ... 192 2

Father ... Alvie C. Mains ... (Full Name)

Mother ... Virginia Menagh ... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

... Blaine Leroy Mains ... (Child's Name in Full)

... Mrs. Alvie C. Mains ... (Signature of Father or Mother)

533-211-217-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Argora PO

No. ..... St.

Hospital .....

Registration District No. 125 File No. 105677

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Elizabeth Louise Ellis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William A Ellis	FULL MAIDEN NAME	Mayme Burns
RESIDENCE	Argora PO	RESIDENCE	Argora PO
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Dubois Idaho

..... 19....

Filed Sept 11 1922 C E Jones M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 13 1922 19..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

VITAL STATISTICS

Place of Birth — City: Small, Idaho

Street:

County: Clark

File Number: 105677

Registration Dist. No.: Edie Precinct

Sex of Child: Female

Date of Birth: Sept. 11 1922

Father: William Arthur Ellis (Full Name)

Mother: Mayme Harriss Burns (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mayme Louise Ellis
Child's Name in Full

Mrs. Wm. A. Ellis
Signature of Father or Mother

JUL 25 196

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 11 1970
Bureau of Vital Statistics

State of Idaho
County of Clark } ss.

Certificate No. 105677

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mayme Louise Ellis (Name on Original Certificate) who was born (Was Born or Died) on Sept. 11, 1922 (Date of Event)
in Clark County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Cert. of Baptism (Bible Record, Insurance Policy, Etc.) prepared on 7-3-32 (Give Date) are:
& Cert. of Church Mbr. of Mayme Ellis showing names of children

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Mayme Louise Ellis	Elizabeth Louise Ellis

Subscribed and sworn to before me this 20th day of September, 1967

~~Notary Public, residing at~~ Clerk, District Court

~~My commission expires~~ Clark County, Idaho

(Seal)

Signed Mayme B. Ellis Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Dubois, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Clark } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of October, 1967

~~Notary Public, residing at~~ Clerk, District Court

~~My commission expires~~ Clark County, Idaho

(Seal)

Signed Lula A. Waring
(Signature of Any Credible Person)

Smoot, Wyoming 83126
(Street Address, City, State)

FORM DH 60-155 L 9-12-67. nm

Certific te of Baptism and Confirmation from LDS Church dated July 3, 1932 gives name as Elizabeth Louise Ellis. Daughter of Wm. Arthur Ellis and Mayme Burns ~~an~~. Born Spet. 11, 1922 in ~~B~~ Dubois, ID Signed by F. W. Marchant, Bishop. Viewed by VS

FEB 12 1970

Certificate of Membership to the LDS Church for Mayme Harris Burns Ellis gives child' name as Elizabeth Louise born Sept. 11, 1922 in Dubois, ID. Viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-20 07-239

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

County of Clark

City of Small PO

CERTIFICATE OF BIRTH

Registration District No. 123

File No. 105678

No. ..... St.

Primary Registration District No. 2203 Registered No. .....

Hospital .....

FULL NAME OF CHILD Wanda Ruth Davis

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 10 1922

	FATHER	MOTHER
FULL NAME	Lee L Davis	FULL MAIDEN NAME Velma A Striffler
RESIDENCE	Small PO	Small PO
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	17
BIRTHPLACE	Idaho	Nebraska
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:30 A.M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) W E Jones MD
(Physician or midwife)

Address Dubois Idaho

Filed Sept 10 1922 W E Jones MD
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, in order of birth stated.

City of Spencer PO — Registration District No. 125 — File No. 105679

No. ____ St. — Primary Registration District No. 2203 — Registered No. ____

Hospital ____

FULL NAME OF CHILD ROLLO CLAYTON ELLIS

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 1 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Ellis	Burneta Cook
RESIDENCE	Spencer PO	Spencer PO
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	17
BIRTHPLACE	Washington	Idaho
OCCUPATION	R R Laborer	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:07 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

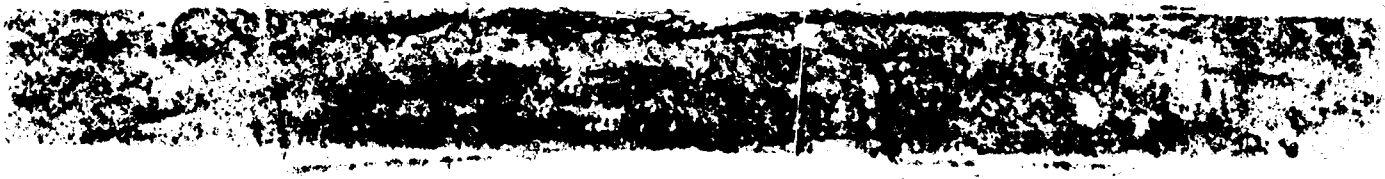
Registrar

(Signature) C E Jones M D

(Physician or midwife)

Address Dubois Idaho

Filed Sept 1 1922 C E Jones M D — Regis[illegible]



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 105679
County of Spokane } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Rollo C. Ellis (Name on Original Certificate) who Was Borne (Was Born or Died) on Sept-1st 1922 (Date of Event)
in Spencer Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by affidavit of parents (Bible Record, Insurance Policy, Etc.) prepared on June 23rd 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Rollo C. Ellis
Rollo Clayton Ellis	is the proper name given to the above described Child	

Subscribed and sworn to before me this 23rd day of June 19 43

George Bradley
Notary Public, residing at Spokane Washington
My commission expires April 5th 1946
(Seal)

Signed Fred Warmoth Ellis. Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

W,1503. Gordon Ave,Spokane Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of June, 19 43

Notary Public, residing at Spokane Washington
My commission expires April 5th 1946
(Seal)

Signed Beurnita Cook Mother
Mrs Beurnita Ellis
(Signature of Any Credible Person Other Than Previous Year)

W, 1503, Gordon Ave- Spokane Washington
(Street Address, City, State)

FEB 26 1944

JUN 30 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

718-205-018-141

[redacted]

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

name added 8-17-84 d[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90

Primary Registration District No. 2168

File No. 105680

Registered No. 62

FULL NAME OF CHILD Violet Loretta Payne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept 5 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Payne	FULL MAIDEN NAME	Sophia Adams
RESIDENCE	Orofino Idaho	RESIDENCE	Orofino Idaho
COLOR	AGE AT LAST BIRTHDAY 31 (Years)	COLOR	Indian AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Farily

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Idaho

Filed Oct 1 1922

J. M. Farily
Registrar

S-Y-CO 38071

DEC 23 1974

7-3-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 27 2 10 PM '84

State of _____ } ss.
County of _____

Certificate No. 105680
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Payne (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 5, 1922 (Date of Event)
in Orofino (Clearwater) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Violet Loretta Payne

Subscribed and sworn to before me this 25th day of July, 19 84.

Notary Public, _____
Residing at Portland, Or
My commission expires 11-2-87
(Seal)

RICHARD L. SOULES
NOTARY PUBLIC — OREGON
MY COMMISSION EXPIRES 1-3-87

x Violet Loretta Payne Allman
Signature of Applicant

x 6116 NE. 3 1st Ave. Portland, Ore 97211
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____ } ss.
County of _____

The undersigned ~~does solemnly swear~~ that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

cc: credit

Statement from U.S. Dept of Interior Bureau of Indian Affairs Northern Idaho Agency in Lapwai, states Violet Loretta Payne Allman is listed on the Fort Lapwai Indian Census Roll, dated June 30, 1929 as being 3/8 Indian and having been born 9-5-22. Viewed by V.S.

AUG 17 1984

Birth Certificate for Sandy Bea Allman born Feb 2, 1962 in Portland to Sylvanus Charles Allman and Violet Loretta Payne. Viewed by V.S.

691-221-018-753

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
OCT 20 1922
BUREAU OF VITAL STATISTICS

County of Clearwater

City of

No. St.

Hospital

Registration District No. 90

File No. 105681

Primary Registration District No. 2168

Registered No. 63

FULL NAME OF CHILD Louise Mary Frances

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	Yes	8/21/1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John G. Francis	FULL MAIDEN NAME	Cassie Pickham
RESIDENCE	Rochester Nevada	RESIDENCE	Rochester Nevada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Penn.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bile W. Horswill (Physician or midwife)

Given names added from a supplemental report.

Address Orofino Idaho

19

Filed Oct 16 1922 J. M. Daniels

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 5 1971

652-203-018-297

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
OCT 26 1922
BUREAU OF VITAL STATISTICS

County of Clearwater

City of

Registration District No. 90

File No. 105682

No. St.

Primary Registration District No. 2168

Registered No. 64

Hospital

FULL NAME OF CHILD Thelma May Webb.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	X		X	Yes	9/3 191 22

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Tom Webb.	FULL MAIDEN NAME	Myrtle Light.
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho,
OCCUPATION	Labour	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl W Horswell (Physician or midwife)

Given names added from a supplemental report.

Address Orofino Idaho

19

Filed Oct 16 1922 J M Fairley

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-108-018-349

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 26 1922
BUREAU

CERTIFICATE OF BIRTH

County of Clearwater

City of

No. St.

Hospital

Registration District No. 90

File No. 105683

Primary Registration District No. 2168

Registered No. 65

FULL NAME OF CHILD Ira James Fackenthall

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	9/8 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James H. Fackenthal	FULL MAIDEN NAME	Kymanda Turnbull
RESIDENCE	Alsaloka Idaho	RESIDENCE	Alsaloka Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	N.J.	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric M Horswell

Orofino Idaho (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct 16 1922

J. M. Tainley Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

144-216-018-955

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

RECEIVED
OCT 26 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of _____

No. _____ St.

Registration District No. 90

File No. 105684

Primary Registration District No. 3168

Registered No. 66

Hospital _____

FULL NAME OF CHILD Clara Belle Judd,

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	X	X	Yes	9 16 1912

FATHER	MOTHER
FULL NAME Lawrence R. Judd,	FULL MAIDEN NAME Laura Reed,
RESIDENCE Grier	RESIDENCE Grier
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Mo.,
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) Ella Maxwell
(Physician or midwife)

Address Orofino Idaho

Filed Oct 16 1912 J. M. Daniels Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

018-681

BIRTH

County of Bonneville

RECEIVED OCT 20 192

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105685

City of _____ Registration District No. 40 File No. _____

No. _____ St. Primary Registration District No. 2168 Registered No. 67

Hospital _____

FULL NAME OF CHILD Leo Edward Choate

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	9/18/1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph H. Choate	FULL MAIDEN NAME	Anna O'Hara
RESIDENCE	Tekan Idaho	RESIDENCE	Tekan Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 39 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ede W Horsewell

(Physician or midwife)

Given names added from a supplemental report.

Address Irwin Idaho

_____ 19____

Filed Oct 16 1922 J M Gauly

Registrar Registrar

S-Y-CO 38071

SEP 4 1942

263-118-018-799

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

RECEIVED
OCT 26 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of

No. St.

Hospital

Registration District No. 90

File No. 105686

Primary Registration District No. 2168

Registered No. 68

FULL NAME OF CHILD Milton Dale Bolon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	9/18/22 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William G. Bolon	FULL MAIDEN NAME	Helen Grier
RESIDENCE	Orofino Idaho	RESIDENCE	Orofino Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Labour	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 84 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eck Housewill

(Physician or midwife)

Given names added from a supplemental report.

Address Orofino Idaho

Filed Oct 16 1922 J M Fairly

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-227-018-843

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

RECEIVED
OCT 26 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Grier

No. _____ St.

Hospital _____

Registration District No. 90

File No. 105687

Primary Registration District No. 2168

Registered No. 69

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	9/27 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Boy E. Atkinson	FULL MAIDEN NAME	Nettie Hutchins
RESIDENCE	Grier	RESIDENCE	Grier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Horswell
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Orofino Ida.

Filed Oct 16 1922 J. M. Family Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1967

735-227-018-249

RECEIVED
OCT 26 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90

File No. 105688

Primary Registration District No. 2168

Registered No. 70

FULL NAME OF CHILD Nathalie Elizabeth Gleason

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	Yes	Oct 27 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otis L. Gleason	FULL MAIDEN NAME	Nathalie Smith
RESIDENCE	Spokane Wash	RESIDENCE	Spokane Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Montana
OCCUPATION	Salesman	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bill M Horsevill (Physician or midwife)

Given names added from a supplemental report.

Address Orofino Idaho

..... 19.....

Filed Oct 16 1922 J M Fairly

Registrar Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

144-205-018-386

[redacted]

No. 11-C—25m-9-8-15

PLACE OF BIRTH

RECEIVED OCT 26 19.. BUREAU

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Greer

Registration District No. 90

File No. 105689

No. ..... St.

Primary Registration District No. 2168

Registered No. 71

Hospital .....

FULL NAME OF CHILD Florence Viola Judd

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	10/5/22 (Month) (Day) 191.. (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Howard E. Judd	FULL MAIDEN NAME	Laura Thornton
RESIDENCE	Grier Ida	RESIDENCE	Grier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 84 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric N. Horswell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Idaho

Filed Oct 16 1922 J M Fairley

Registrar

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

465-129-020-247

County of Elmore

City of Glenn's Ferry

No. ..... St. .....

Hospital .....

[redacted] OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—20m-7-26-19

Registration District No. 35

File No. 105690

Primary Registration District No. 2021

Registered No. .....

FULL NAME OF CHILD Fumi Monzen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	Yes	Oct. 29, 1922

FATHER

FULL NAME Kiyato Monzen

RESIDENCE Glenn's Ferry Idaho

COLOR Yellow

AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Japan

OCCUPATION Restaurant Keeper

MOTHER

FULL MAIDEN NAME Iyori Sugihara

RESIDENCE Glenn's Ferry Idaho

COLOR Yellow

AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Japan

OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born on the date above stated. Oct. 29, 1922 at 8:40 P. M.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar.

(Signature) J. W. Davis M. D.

Physician

(Physician or midwife)

Address Glenn's Ferry Idaho

Filed Oct. 31st 1922 J. W. Davis

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

86 020-915

PLACE OF BIRTH

RECEIVED NOV 9 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 105691

County of Elmore

City of Glenns Ferry

No. ..... St. ..... No. 35

Hospital ..... Primary Registration District No. 3021 Registered No. .....

FULL NAME OF CHILD Bernice Hostetler
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl.		1	X	Sept. 2 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Walter C Hostetler	FULL MAIDEN NAME	Hazel Edith Randolph
RESIDENCE	Glenns Ferry Idaho	RESIDENCE	Glenns Ferry Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Welston, Oklahoma	BIRTHPLACE	Picabo Idaho
OCCUPATION	Crossing Watchman	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Dead Was Called (Born alive or stillborn) **at** ..... **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Mrs Ella Mayhew

Practical Nurse
(Physician or midwife)

Address Glens Ferry Ida

Filed Nov. 6 1922 J. W. Davis
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1942

APR 5 1968

719-106-020-799

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED 1922

CERTIFICATE OF BIRTH

105692

County of Elmore

City of Glenn's Ferry Registration District No. 33 File No.

No. St.

Hospital Primary Registration District No. 2021 Registered No.

FULL NAME OF CHILD Kenneth Eli Painter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	2	yes	Oct 6 1922

FATHER		MOTHER	
FULL NAME	Justin Painter	FULL MAIDEN NAME	Kathleen Grisham
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. Oct. 6-1922 at 6 P M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Glenn's Ferry Idaho

Registrar.

Filed Oct 10 - 1922 J. W. Davis
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

351-108-037-215

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

RECEIVED NOV 9 1922

DEPARTMENT [redacted] WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of King Hill

Registration District No. 35

File No. 105694

No. ..... St.

Primary Registration District No. 2021

Registered No. .....

Hospital .....

FULL NAME OF CHILD Forest Dale Cearley

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	4	yes	Oct 8. 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Luther Marion Cearley	FULL MAIDEN NAME	Juanita Barrett
RESIDENCE	King Hill	RESIDENCE	King Hill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. Oct. 8. 1922, at 5:30 A M.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Doris M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Glenn's Ferry Idaho

Filed Oct. 10 1922 J. W. Doris
Registrar.

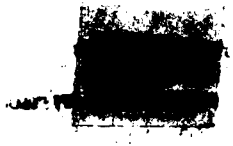
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



DECEASED

466-212-020-367

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE ... DEPARTMENT OF ... BUREAU OF VI... CERTIFICA...E

County of Elmore

City of King Hill

Registration District No. 35...

File No. 105695

No. ..... St.

Hospital .....

Primary Registration District No. 2021 Registered No. .....

FULL NAME OF CHILD Phyllis Jean Downey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	yes	Oct. 12. 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harold F. Downey	Pearl Cox
RESIDENCE	King Hill Idaho	King Hill Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	America	America
OCCUPATION	Clerk general store	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. Oct. 12th 1922 at 6:30 a M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis. M.D.

Physician
(Physician or midwife)

Address Elmore King Idaho

Given names added from a supplemental report.

..... 19.....

Filed Oct. 18. 1922 J. W. Davis
Registrar.

.....
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1943

JUL 21 1943

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

238-217-020-245

RECEIVED NOV 9 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE.
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Elmore

City of Hammett

Registration District No. 35

File No. 105696

No. ..... St.

Primary Registration District No. 2021

Registered No. .....

Hospital .....

FULL NAME OF CHILD Nora Jean Schwentzer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			6	yes	Oct. 17 1922

FATHER		MOTHER	
FULL NAME	Frank Schwentzer	FULL MAIDEN NAME	Miriam Kerner
RESIDENCE	Hammett Idaho	RESIDENCE	Hammett Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. Oct. 17. 1922, at 2:30 A. M. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician (Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report.

..... 19.....

Filed Oct. 23 1922 J. W. Davis Reg

Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

SPACE RESERVED FOR BINDING

JAN

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Glenns Ferry

Street:

County: Elmore Co

File Number: 105696

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Oct. 17th 192.2

Father: Frank Henry Schweitzer (Full Name)

Mother: Miriam Keener (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dora Jeanne Schweitzer

Child's Name in Full

Miriam K. Schweitzer

Signature of Father or Mother

617-128-037-289

PLACE OF BIRTH

[redacted] 20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Kuig Hill

No. ..... St.

Hospital .....

Registration District No. 38 File No. 105697

Primary Registration District No. 2021 Registered No. .....

FULL NAME OF CHILD Russell Edward Wagner

Sex of Child Male

Twin, Triplet or other? Single and Number in order of birth 1 (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Oct. 28. 1922 (Month) (Day) (Year)

FATHER

FULL NAME John Wagner

RESIDENCE Kuig Hill Idaho

COLOR ..... AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE America

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Mildred Byrum

RESIDENCE Kuig Hill

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE America

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. Oct. 28. 1922 at 10 40 P M. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) J. W. Davis

Physician

(Physician or midwife)

Address Glenns Ferry Idaho

Filed Oct. 31 1922 J. W. Davis Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

339-31-020-652

PLACE OF BIRTH

Form V. S. No. [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 35 File No. 105698

No. ..... St.

Hospital ..... Primary Registration District No. 2021 Registered No. .....

FULL NAME OF CHILD George William Clini

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	1	yes	Oct. 31 1922

	FATHER	MOTHER
FULL NAME	Harmon Paul Clini	Florence May West
RESIDENCE	Glenn's Ferry Idaho	Glenn's Ferry Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	25 (Years)	24 (Years)
BIRTHPLACE	America	America
OCCUPATION	R.R. Brakeman	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. Oct. 31. 1922 at 3:20 P M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Doris
Physician
(Physician or midwife)

Given names added from a supplemental report. ..... 19.....

Address Glenn's Ferry Idaho

Filed Oct. 31. 1922 J. W. Doris
Registrar.

.....
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 155-131-02 2069

County of Franklin

City of Dayton

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 105699

Primary Registration District No. 2119 Registered No. 259

FULL NAME OF CHILD Geo. Melvin Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Ye	10-31-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Alma L Jensen	FULL MAIDEN NAME	Metta Catherine Jorgensen
RESIDENCE	Dayton	RESIDENCE	Dayton
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	58	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Comdwe (Born alive or stillborn) at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cuttle Jr.

Physician
(Physician or midwife)

Address Preston Ida

Filed Nov. 2 1922 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Leo. Melnick

Boise, Idaho, NOV 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Dayton; Street ....; Oct 31 1922; County Franklin

File Number 105699

Registration Dist. No. 12

Date of Birth Oct 31 1922

Sex of Child Male

Father Alma L. Jensen (Full Name)

Mother Inetta C. Georgesen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

yes Melvin Jensen (Child's Name in Full)

Alma L. Jensen (Signature of Father or Mother)

463-116-021-299 name added, last name &mothers name amend

PLACE OF BIRTH 12-22-83 dl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105700

County of Franklin

City of Preston R. F. D.

No. ..... St.

Registration District No. 27 File No. .....

Hospital ..... Primary Registration District No. 2119 Registered No. 264

FULL NAME OF CHILD Clyde Emil Mockli
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	10 16 1922

What bactericidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 14 Number of child of this mother now living, including present birth 14

	FATHER	MOTHER
FULL NAME	Henry Mockli	FULL MAIDEN NAME Freida Kristen
RESIDENCE	Preston Ida.	RESIDENCE Preston Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE Switzerland
OCCUPATION	Farming	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler

Physician
(Physician or midwife)

Address Preston Idaho

Filed Nov 2 1922 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-2-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Salt Lake } ss.

DEC 11 9 53 AM '83

Certificate No. 105700
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Mockley (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 16, 1922 (Date of Event)
in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Mockley	Emil Clyde E Mockli
fathers last name	Mockley	Mockli
Mothers first name	Freda	~~Freda~~ Freida Kristen

Subscribed and sworn to before me this 9Th day of December, 1983
Notary Public, Alfred R. Matern
Residing at Salt Lake City, Utah
My commission expires April 10, 1987
(Seal)

Clyde E mil mockli
Signature of Applicant
4169 South 755 East
Salt Lake City, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____ day of December, 1983.
Notary Public, Norma C. Daniels
Residing at ~~1062 Concord St.~~
My commission expires ~~July 1, 1985~~
(Seal)

Dan Jamieson
Supporting Signature
2850 E 2880 So.
Street Address, City, State
SLC., Utah. 84109.

Certificate of Blessing from LDS Church gives Clyde Emil Mockli son of Heinrick Mockli and Freida Kristen born Oct 16, 1922 at Preston was blessed Dec 18, 1922. Viewed by V.S.

DEC 22 1983

Certificate of Baptism from LDS Church gives Clyde Emil Mockli son of Henry Mockli and Freida Kristen born Oct 16, 1922 at Preston was baptised Feb 10, 1931. Viewed by V.S.

216-215-021-352

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED NOV 6 1922 BUREAU OF VITAL STATISTICS

County of Franklin
City of Whitney

No. ..... St.

Registration District No. 27 File No. 105701

Hospital

Primary Registration District No. 2119 Registered No. 264

FULL NAME OF CHILD Kazu Kawasawa
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
[illegible]		yes	10-15-1922

What bactericidal solution was used in eyes? Argy w/ 20 g

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	S. Kawasawa	FULL MAIDEN NAME	Sakayo Kisawa
RESIDENCE	Whitney Ida.	RESIDENCE	Whitney
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Preston Ida.

Filed Nov 2 1922 Mrs Ida Lippert
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

155-113-021-769

County of Franklin

City of Glendale

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED 1922 NOV 2 VITAL

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 105702

Primary Registration District No. 2119 Registered No. 262

FULL NAME OF CHILD DAVID PORTER JENSEN
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	10 13 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER		MOTHER
FULL NAME	Olen Alder Jensen	FULL MAIDEN NAME	Ellen Clayton Porter
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Preston Ida	BIRTHPLACE	Preston
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 34 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Butler

Physician
(Physician or midwife)

Address Preston Ida

Filed Nov 2 1922 Mrs Ida Lippitt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 105702

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for David Porter Jensen (Name on Original Certificate) who born (Was Born or Died) on October 13 - 1922 (Date of Event)
in Preston R. F. D. # 1 (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on November 20 - 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	David Porter Jensen
Father's name	Olson Alder	~~Olsen Alver~~ Oleen alder

Subscribed and sworn to before me this 27
day of May, 1942
Zaul Marshall
Notary Public, residing at Preston Idaho
My commission expires March 4-1946
(Seal)

Signed Ellen Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Preston Idaho R. F. D. 1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 10th
day of June, 1942
Notary Public, residing at Preston, Idaho
My commission expires Nov 15, 1943
(Seal)

Signed Rachel P. Webster
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

K JUN 12 1942

JUN 16 1942

542-121-021-793

PLACE OF BIRTH

RECEIVED NOV 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105703

County of Franklin

City of Banida

No. ..... St.

Registration District No. 27

File No. .....

Hospital .....

Primary Registration District No. 2119

Registered No. 260

FULL NAME OF CHILD Arthur Bernard Musson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	10-21-1922

What bacterioidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 — Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Clarence Musson	FULL MAIDEN NAME Eda Emily Vicat
RESIDENCE	Banida Ida.	Banida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	25
BIRTHPLACE	Preston Ida.	Logan Utah
OCCUPATION	Farming	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) A. R. Cutler

Physician

(Physician or midwife)

Address Preston Ida.

Filed Nov. 2 1922 Mrs. Ida Lizzarda Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO

DEPARTMENT ELFARE

Boise, Idaho, NOV 1 3 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City Banida
- Street
- County Franklin

File Number 105703

Registration Dist. No. ~~74J~~

Date of Birth October 21st 1922

Sex of Child Male

Father Clarence Wilford Nisson
Full Name

Mother Eda Emily Picot.
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Arthur Bernard Nisson
Child's Name in Full

Eda Emily Nisson
Signature of Father or Mother

RECEIVED JAN 2 1923

543-210-22-356

PLACE OF BIRTH

County of Franklin

City of Preston Franklin Co. Ida.

No. ..... St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 105704

Hospital ..... Primary Registration District No. 2119 Registered No. 271

FULL NAME OF CHILD Ila Louise Nutting

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Oct. 10 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	William Nutting	FULL MAIDEN NAME Louise Lewis
RESIDENCE	Franklin Co, Idaho	Franklin Co, Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	19
BIRTHPLACE	England	Idaho
OCCUPATION	Farming	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:35 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Hunt

Physician
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Nov 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

316221-021-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Battle Creek, Idaho.

No. ____ St.

Registration District No. 27 File No. 105705

Hospital ____ Primary Registration District No. 2119 Registered No. 279

FULL NAME OF CHILD Nancy Lawritzen.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Oct. 21, 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	E. E. Lawritzen	FULL MAIDEN NAME	Jennie Winn
RESIDENCE	Battle Creek, Idaho.	RESIDENCE	Battle Creek, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Logan, Utah.	BIRTHPLACE	Battle Creek, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 4.35 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician
(Physician or midwife)

Address Preston, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov. 2 1922 Mrs. Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

854-109-021-595

PLACE OF BIRTH

RECEIVED NOV 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 105706

Primary Registration District No. 2119 Registered No. 258

FULL NAME OF CHILD Blain R. Heusser
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	10 - 9 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Raymond Heusser	FULL MAIDEN NAME	Chloe Andrea Nielson
RESIDENCE	Weston Ida.	RESIDENCE	Weston Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Weston Ida	BIRTHPLACE	Weston Ida
OCCUPATION	Truck Driver	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cieler Jr.

Physician
(Physician or midwife)

Address Preston Idaho

Filed Nov 2 1922 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/26/41 L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

419-103-021815

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 105708

Primary Registration District No. 2119 Registered No. 269

FULL NAME OF CHILD Darell Robert Daines

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
MALE		yes	Oct 3 1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	William Maroni Daines Jr.	FULL MAIDEN NAME	Nora Day Handy
RESIDENCE	Franklin, Idaho	RESIDENCE	Franklin Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Realtor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:57 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician

(Physician or midwife)

Address Preston, Idaho

Filed Nov 2 1922 Mrs Ida Lippets

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

JUL

BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Franklin
- Street: .....
- County: Franklin

File Number: 105708

Registration Dist. No. .....

Sex of Child: ~~Female~~ Male

Date of Birth: 10/3/22 192....

Father: William Moroni Daines Jr
Full Name

Mother: Nora Handy Daines
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Darell Robert Daines
Child's Name in Full

W M Daines Jr
Signature of Father or Mother

OCT 6 1942

OCT 5

469-129-021-269

PLACE OF BIRTH

RECEIVED NOV 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ____ St.

Hospital ____

Registration District No. 27 File No. 105709

Primary Registration District No. 2119 Registered No. 265

FULL NAME OF CHILD Ralph L. Mortensen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Oct 29 192 2

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lindow P. Mortensen	FULL MAIDEN NAME	Johanna Jorgensen
RESIDENCE	Preston R.F.D. #1	RESIDENCE	Preston R.F.D. #1
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. R. Cutler M.D.

Physician

(Physician or midwife)

Address Preston Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov. 2 1922 Miss Ida Lippetts
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street: R. F. D. #1

County: Franklin

File Number: 105709

Registration Dist. No.:

Date of Birth: Sept 29 1922

Sex of Child: Male

Father: Andrew D. Mortensen (Full Name)

Mother: Johanna Sorensen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ralph S. Mortensen

Child's Name in Full

Andrew D. Mortensen

Signature of Father or Mother

MAR 1

318-113-02 8563

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105710

RECEIVED NOV 1922

County of Franklin
City of Preston
No.
Registration District No. 27 File No.
Hospital
Primary Registration District No. 249 Registered No. 263

FULL NAME OF CHILD Arthur H. Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	10 13 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	James Caldwell Taylor	Vivian Hollingsworth
RESIDENCE	Preston Ida	Preston Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farming	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A R Cutler
Physician
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

Filed Nov 2 1922 Mrs Ida Tuppets
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/16/41 L. B.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED DEC 22 1922 BUREAU OF VITAL STATISTICS

Place of Birth — City: Preston

Street:

County: Franklin

File Number: 105710

Registration Dist. No. 2

Sex of Child: Male

Date of Birth: October 13 1922.

Father: James C. Taylor (Full Name)

Mother: Vivian Hollingsworth (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Arthur H. Taylor

Child's Name in Full

Vivian H. Taylor

Signature of Father or Mother

155-217-021-415

PLACE OF BIRTH

RECEIVED NOV 1922 VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105711

County of Franklin

City of Preston

No. ____ St.

Registration District No. 27 File No. ____

Hospital ____ Primary Registration District No. 2119 Registered No. 261

FULL NAME OF CHILD Elva Mary Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	10-17-192 2

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Harold Jensen	FULL MAIDEN NAME Minnie Davis
RESIDENCE	Preston Ida.	RESIDENCE Preston Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Ida
OCCUPATION	Dry goods Clerk	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. C. Curtis M.D.

Physician (Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov. 2. 1922 Mrs Ida Lyppatt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 4 1972

MAR 17 1944

343-228-021-0165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 6th North St.

Registration District No. 27 File No. 105712

Hospital Primary Registration District No. 2114 Registered No. 276

FULL NAME OF CHILD Norma Lucherini
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Oct. 28 1922

What bacteriecidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Samuel Henry Lucherini	FULL MAIDEN NAME Bertha Myriam Montague
RESIDENCE Preston, Idaho	RESIDENCE Preston Idaho
COLOR W AGE AT LAST BIRTHDAY 25 (Years)	COLOR W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Plant
Physician
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov. 2 1922 Mrs. Ida Lippert
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 26 1944

815-228-021-465

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 3d West St. Registration District No. 27 File No. 105713

Hospital Primary Registration District No. 2119 Registered No. 275

FULL NAME OF CHILD La Verna Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Oct 28 1922

What bacteriocidal solution was used in eyes? 1% Ag No3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Peter Thompson Hansen	FULL MAIDEN NAME	Nellie Monson
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:35 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov. 2 1922 Mrs. Ida Lippelt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-227-021-313

PLACE OF BIRTH

County of Franklin

City of Preston

No. 2nd North St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 105714

Hospital Primary Registration District No. 2119 Registered No. 274

FULL NAME OF CHILD Coma Christensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Oct 27 1922

What bacterieidal solution was used in eyes? 1 % Ag NO3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Chester Smith Christensen	FULL MAIDEN NAME	Alice Calkins
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Denmark	BIRTHPLACE	Idaho
OCCUPATION	Painter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Curtis Blank, Physician
(Physician or midwife)

Address Preston Idaho

Filed Nov. 2 1922 Mrs Ida Lippetts Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-212-011-849

PLACE OF BIRTH

County of Franklin

City of Preston

No. 2nd North St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 105715

Primary Registration District No. 2119 Registered No. 273

FULL NAME OF CHILD Bonnie Nell Robinson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Oct 12 1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	George Robinson	FULL MAIDEN NAME	Nellie Hurd
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Miller	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Hunt

Physician
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov 2 1922 Mrs Ida Lippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-111-021-635

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 105716

Primary Registration District No. 2119 Registered No. 272

FULL NAME OF CHILD Arthur Claire Moore

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Oct 11 1922

What bacteriolidal solution was used in eyes? 10% Ag NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Victor Wallace Moore	FULL MAIDEN NAME	Jeanette Lillian Fletcher
RESIDENCE	Preston, Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Station Agent	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Hunt

Physician

(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Nov. 2 1922 Mrs. Ida Lippett

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669-109-021-258

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 6 1922

CERTIFICATE OF BIRTH 105717

County of Franklin

City of Preston

No. 2nd Ward St. Registration District No. 27 File No.

Hospital Primary Registration District No. 2119 Registered No. 270

FULL NAME OF CHILD Vernon D. Forman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	and		yes	Oct 9 1922

What bacteriedal solution was used in eyes? 1% ag NO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Albert Aaron Forman	FULL MAIDEN NAME	Melva Ann Snyder
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:38 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Curtis Bland

Physician
(Physician or midwife)

Address Preston Idaho

Filed Nov. 2 1922 Mrs. Ida Tuppseth Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City Preston

Street .....

County Franklin

File Number 105717

Registration Dist. No. .....

Sex of Child Male

Date of Birth Oct. 9 1923

Father Albert Aaron Forman (Full Name) Mother Melva Ann Snyder (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Vernon D. Forman
Child's Name in Full

Mrs. Melva Forman
Signature of Father or Mother

613-216-021-753

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105718

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 268

FULL NAME OF CHILD Eva Joy ~~Hattie~~ Wallgreen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Oct 16 1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Carl Arthur Wallgreen	FULL MAIDEN NAME	Hattie Petersen
RESIDENCE	Riverdale Idaho	RESIDENCE	Riverdale Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland
Physician
(Physician or midwife)

Address Preston, Idaho

Filed Nov 2 1922 Mrs Ida Lippets
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 16 1945

SEP 12 1942

968-22 ?-021-154

PLACE OF BIRTH

County of Franklin

City of Preston

No. Edward St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 105719

Primary Registration District No. 2119 Registered No. 267

FULL NAME OF CHILD Verla Roholt
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / Quadruplet? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F	2	Yes	Oct 27 1922

What bactericidal solution was used in eyes? 10% Ag NO3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME Raymond Roholt	FULL MAIDEN NAME Clive Lina Anderson
RESIDENCE Preston Idaho	RESIDENCE Preston Idaho
COLOR W AGE AT LAST BIRTHDAY 30 (Years)	COLOR W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland
Physician
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov. 2 1922 Mrs. Ida Lippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

968-27-021-154

Amended 6-8-64 (Be sure the information is complete and accurate)

State File No. 105720

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No. 266

Reg. Dist. No. 27

1. PLACE OF BIRTH

a. COUNTY: Franklin

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Franklin

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Myrna b. (Middle): Elizabeth c. (Last): Roholt

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
F.	SINGLE ☐ TWIN ☒ TRIPLET ☐	1ST ☒ 2ND ☐ 3RD ☐	Oct. 27, 1922

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Raymond		Roholt	W.

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
30 YEARS	Idaho	Laborer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Olive	Sine	Anderson	W.

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
28 YEARS	Idaho	4	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Curtis Bland

18b. ATTENDANT AT BIRTH: M. D. ☒ MIDWIFE ☐ OTHER (Specify)

18c. ADDRESS: Preston, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Nov. 2, 1922

20. REGISTRAR'S SIGNATURE: Mrs. Ida Tippets

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY WEEKS:

22b. WEIGHT AT BIRTH LBS. OZS.:

23. Was a standard serological test for syphilis performed? YES ☐ NO ☐

Approximate date.....

Name prophylactic used to prevent Ophthalmia Neonatorum 1% AgNo3

Form DPH-48001

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Weber

Certificate No. 105720

Date Filed

RECEIVED
MAY 11 1964
Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Merna Roholt (Name on Original Certificate) born (Was Born or Died) on Oct. 27, 1922 (Date of Event)

in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Merna Roholt	Myrna Elizabeth Roholt

Subscribed and sworn to before me this 5th day of May 1964

Ralph D. Provost
Notary Public, residing at 1733 No. 350 W. Sunset Utah
My commission expires June 30, 1967
(Seal)

Signed Cora G Roholt (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Wenzell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of May, 1964

Notary Public, residing at 1733 No. 350 W. Sunset, Utah
My commission expires June 30, 1967
(Seal)

Signed Melvin W Wright
(Signature of Any Credible Person)

2198 W 6000 S. Roy UTAH.
(Street Address, City, State)

FORM DPH 55.155 CL 1-29-60. one copy pd. receipt #18952.

Photo Copy of Wendell High School Diploma, Wendell, Idaho dated May 7, 1943 gives full name of student as Myrna Elizabeth Roholt - viewed by V.S.

Photo Copy of Marriage Certificate, Stateof Utah, County of Weber, married June 4, 1948 at Ogden, Utah gives full name of groom as Melvin West Wright and full name of bride as Myrna Elizabeth Roholt - viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

615-128-021-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston, Idaho.

No. ____ St. Registration District No. 27 File No. 105721

Hospital ____ Primary Registration District No. 2119 Registered No. 277

FULL NAME OF CHILD ____ (Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Oct. 28, 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME: Samuel Hansen	FULL MAIDEN NAME: Annie Jenkins
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Preston, Idaho.	BIRTHPLACE: Fairview, Idaho.
OCCUPATION: Labor	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Stutes

Physician
(Physician or midwife)

Address Preston, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov. 2 1922 Mrs. Ida Tippets
Registrar.

231-130-021-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 0 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston, Idaho.

No. ..... St. Registration District No. 27 File No. 105722

Hospital ..... Primary Registration District No. 2719 Registered No. 278

FULL NAME OF CHILD Gilbert Parker States
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	Oct. 30, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	G. W. States.	FULL MAIDEN NAME	Emma M. Parker
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Michigan	BIRTHPLACE	Nebraska
OCCUPATION	Physician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn), at 11.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician
(Physician or midwife)

Address Preston, Idaho.

Filed Nov. 2 1922 Mrs Ida Lippets
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street:

County: Franklin

File Number: 105722

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Oct 30 1922

Father: Gilbert W. States (Full Name)

Mother: Emma M. Parker (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gilbert Parker States (Child's Name in Full)

G. W. States (Signature of Father or Mother)

261-112-021-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 1922

CERTIFICATE OF BIRTH

County of Franklin

City of Preston, Idaho.

No. ____ St.

Hospital ____

Registration District No. 27 File No. 105723

Primary Registration District No. 2119 Registered No. 280

FULL NAME OF CHILD Albert George Swainston
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	Oct. 12, 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Milo Swainston.	FULL MAIDEN NAME: Myrtle Jenkins
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Whitney, Idaho.	BIRTHPLACE: Fairview, Idaho.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2.50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician
(Physician or midwife)

Address Preston, Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Nov. 2 1922 Mrs. Ida Tippets Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Place of Birth — Street:

Place of Birth — County: Oneida

File Number: 105723

Registration Dist. No.:

Sex of Child: Male

Date of Birth: 12 October 1927.

Father: Milo Swainston (Full Name)

Mother: Myrtle M. Jenkins (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Albert George Swainston
Child's Name in Full

Myrtle Swainston
Signature of Father or Mother

756-114(02)-459

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston, Idaho.

No. _____ St.

Registration District No. 27 File No. 105724

Hospital _____ Primary Registration District No. 2119 Registered No. 281

FULL NAME OF CHILD Leonard Milton George
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes.	Oct. 14 1922

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leonard George	FULL MAIDEN NAME	Bertha Merrill.
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Astoria, Oregon.	BIRTHPLACE	Smithfield, Utah.
OCCUPATION	Banker	OCCUPATION	Bank Clerk.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Stales

Physician
(Physician or midwife)

Address Preston, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov 2 1922 Mrs Ida Lippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1 1942

PLACE OF BIRTH

719-103-022-715

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105725

County of Fremont

City of

No. St.

Registration District No. 102 File No.

Hospital Primary Registration District No. 6 Registered No. 138

FULL NAME OF CHILD RICHARD GRANT GARRETT
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	11-3-1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Glenn Grant Garrett	FULL MAIDEN NAME Bertha Hopkins Garrett
RESIDENCE	Ashton, Ida.	RESIDENCE Ashton, Ida
COLOR	White	COLOR white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years) 20
BIRTHPLACE	Utah.	BIRTHPLACE Idaho.
OCCUPATION	Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Graham
Phys.
(Physician or midwife)

Address Ashton, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 11-4-1922 C. M. Graham
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIR

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 105725

State of ~~Idaho~~ California
County of Los Angeles } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Richard Grant Garrett (Name on original certificate) who born (Was born or died) on Nov 3 1922 (Date of event)
in Ashton Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Garrett	Richard Grant Garrett

Subscribed and sworn to before me this 23rd
day of June, 1942.
Notary Public, residing at Tujunga, Calif
My commission expires Nov. 10, 1945.
[SEAL]

Signed Bertha A Garrett
(Signature of parent or attendant if correcting a birth record; or of attendant, funeral director, informant if correcting a death record; or other credible person.)
6380 Foothill Blvd
(Street Address, City, State)
Tujunga California

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of California
County of Los Angeles } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of June, 1942
Notary Public, residing at Tujunga, Calif
My commission expires Nov. 10, 1945
[SEAL]

Signed Glen G Garrett
(Signature of any credible person other than the previous affiant.)
6380 Foothill Blvd
(Street Address, City, State)
Tujunga Calif.

Received for filing on JUN 26 1942 By
(Registrar's signature)

FEB 4 1943

APR 12 1968

945-201-022-845

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105726

County of Fremont

City of

No. St.

Registration District No. 102 File No.

Hospital Primary Registration District No. 6 Registered No. 137

FULL NAME OF CHILD Lelah LaVon Runhold
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	11-1-192 2

What bacteriocidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth

FATHER	MOTHER
FULL NAME Henry Runhold	FULL MAIDEN NAME LaVon Huntsman Runhold
RESIDENCE Ashton Ida	RESIDENCE Ashton, Ida
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR white AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Germany	BIRTHPLACE Idaho
OCCUPATION Butcher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) C.M. Graham
Phys
(Physician or midwife)

Address Ashton Ida

Filed 11-1-192 2 C.M. Meacham
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1922-D5543

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

749-127-022967

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105727

County of Fremont

City of

No. ____ St. Registration District No. 102 File No. 1

Hospital Primary Registration District No. 6 Registered No. 136

FULL NAME OF CHILD Herbert Edward Purser
(Certificate of no value without full name of child.)

Sex of Child Male | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | Date of birth 10-27 (Month) (Day) 1922 (Year)

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	William Purser	FULL MAIDEN NAME	Mary Rogers Purser
RESIDENCE	Ashton Idaho	RESIDENCE	Ashton Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Minn.
OCCUPATION	none	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O.C. Meacham

Phys.
(Physician or midwife)

Address Ashton Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 10-27-1922 O.C. Meacham
Registrar.

268.225-022-766

PLACE OF BIRTH

County of Fremont

City of

No. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 102 File No. 105728

Primary Registration District No. 6 Registered No. 135

FULL NAME OF CHILD Rhea Fay Bohl

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	10-25-192[illegible]

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME James E Bohl	FULL MAIDEN NAME Caroline Powell Bohl
RESIDENCE Ashton Idaho	RESIDENCE Ashton Ida
COLOR White	COLOR white
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Nebraska
OCCUPATION R.R. Flagman	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) C C Meacham

Phys.

(Physician or midwife)

Address Ashton Idaho

Filed 10-26-192[illegible] C C Meacham

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Astoria

Street: .....

County: Fremont

File Number: 105728

Registration Dist. No.: 102

Sex of Child: Female

Date of Birth: Oct. 25 1922

Father: James Edward Bohl (Full Name)

Mother: Carrie E. Bohl (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Rhea Jane Bohl

Child's Name in Full

Mrs J E Bohl

Signature of Father or Mother

133-211-022-133 name added 10-21-82

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105729

County of Fremont

City of

No. St.

Hospital

Registration District No. 102 File No. 1

Primary Registration District No. 6 Registered No. 134

FULL NAME OF CHILD Ada Vaughne Atchley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	10-11-1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	David Atchley	FULL MAIDEN NAME	Dessie Allen Atchley
RESIDENCE	Squirrel Ida	RESIDENCE	Squirrel Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C C Meacham
Phys
(Physician or midwife)

Address Ashton Idaho

Filed 10-12 1922 C C Meacham
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 15 7 44 AM '82

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 105729
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Atchley (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 11, 1922 (Date of Event)
in Squirrel, Idaho (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Atchley 4DA	Vaughne Atchley

Subscribed and sworn to before me this 23rd day of June, 1980
Notary Public, Joan C Simpson
Residing at Box 114 Farmville, Va. 23901
My commission expires 11-17-80
(Seal)

Ada Vaughne Atchley
Signature of Applicant
100 SHAWNEE COURT, CHARLOTTESVILLE VIRGINIA
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Virginia } ss.
County of Prince Edward }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of June, 1980
Notary Public, Joan C Simpson
Residing at Box 114 Farmville, Va. 23901
My commission expires 11-17-80
(Seal)

Dessie Ann Atchley
James David Atchley
Supporting Signature
Route 6 Box 170 Farmville Va.
Street Address, City, State

6/18/80 nm

Certificate of Marriage from Virginia gives Ada Vaughne Atchley age 28born in Idaho was married to John Nelson Graff on August 25, 1951. Viewed by VS

OCT 21 1982

A Deed Made March 10, 1954 gives owners names as John N Graff and Ada Vaughne. Issued from Planters Bank and Trust Co. of Farmville, VA on 3-10-54. Viewed by V.S.

466-209-022-445

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105730

County of Fremont

City of _____

No. _____ St.

Registration District No. _____ File No. 1

Hospital _____ Primary Registration District No. 6 Registered No. 133

FULL NAME OF CHILD Louise Moore
(Certificate of no value without full name of child.)

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of birth 10-9-192- (Month) (Day) (Year)

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Leroy Moore	FULL MAIDEN NAME Lucy Hundorff Moore
RESIDENCE Squirrel, Ida.	RESIDENCE Squirrel Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Missouri
OCCUPATION Farmer.	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Meacham M.D.
(Physician or midwife)

Address Aston Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 10-11-192- A. M. Meacham
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 8 942

699-209-022-855

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Fremont

City of

No. St.

Hospital

CERTIFICATE OF BIRTH 105731

Registration District No. 102 File No.

Primary Registration District No. 6 Registered No. 132

Dorthey

FULL NAME OF CHILD ~~[illegible]~~ Wirick
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	10-9-1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Arnold Frank Wirick	FULL MAIDEN NAME	Anna Hendricks Wirick
RESIDENCE	Marysville Ida	RESIDENCE	Marysville, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Oklahoma	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C C Meacham
Phys
(Physician or midwife)

Address Ashton, Idaho

Filed 10-10-1922 C C Meacham
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-209-022-736

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105732

County of Fremont

City of

No. St.

Registration District No. 102

File No.

Hospital

Primary Registration District No. 6

Registered No. 131

FULL NAME OF CHILD ALTA RUTH MARTINDALE
(Certificate of no value without full name of child.)

Sex of Child Female | **Twin, Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births) | **Legitimate?** Yes | **Date of birth** 10 (Month) - 9 (Day) - 1922 (Year)

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 7 **Number of child of this mother now living, including present birth** 6

FATHER	MOTHER
FULL NAME Edwin James Martindale	**FULL MAIDEN NAME** Edith Flower Martindale
RESIDENCE Marysville, Idaho	**RESIDENCE** Marysville Ida.
COLOR white	**COLOR** white
AGE AT LAST BIRTHDAY 31 (Years)	**AGE AT LAST BIRTHDAY** 30 (Years)
BIRTHPLACE Idaho	**BIRTHPLACE** Utah
OCCUPATION Laborer (Elevator work)	**OCCUPATION** Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 1:30 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) C. M. Peacham

Phys.
(Physician or midwife)

Address Ashton, Idaho

Filed 10-9-1922 C. M. Peacham
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 105732

County of Fremont } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Alta Ruth Martindale (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct 29/22 (DATE OF EVENT)

in Marysville Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Church Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Oct 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Alta Ruth Martindale

Subscribed and sworn to before me this 12 day of Oct, 1942

Thos B Hargis

Notary Public, residing at Ashton Ida.

My commission expires 2/28/45

(SEAL)

Signed Lourena Martindale

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Fremont }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of Nov, 1942

Thos B Hargis

Notary Public, residing at Ashton Idaho

My commission expires 2/28/45

(SEAL)

Signed Vanlida Judd

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

NOV 1 6 [illegible]

363-204 1022-363

PLACE OF BIRTH

County of Fremont

City of

No. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105733

Registration District No. 102 File No.

Primary Registration District No. 6 Registered No. 130

FULL NAME OF CHILD Billie Barbara Tolmie
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	10-4-1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Edward Tolmie	FULL MAIDEN NAME	Blanche R. Tolmie
RESIDENCE	Blackfoot, Ida	RESIDENCE	Blackfoot Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Grocery man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C C Meacham
Phys
(Physician or midwife)

Address Ashton Idaho

Filed 10-4 1922 C C Meacham
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gahlton

Street:

County: Fremont

File Number: 105733

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Oct. 4 192 2.

Father: Edward Tolmie (Full Name)

Mother: Blanche Tollefson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Billie Barbara Tolmie

Child's Name in Full

B Tolmie

Signature of Father or Mother

845-103-022-893

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105734

County of Fremont

City of

No. St.

Registration District No. 10-V File No. 1

Hospital

Primary Registration District No. 6 Registered No. 129

FULL NAME OF CHILD Ronda Purcell Hunt
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	10-3-1922

What bactericidal solution was used in eyes? 10% Argyrol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Purcell Byron Hunt	FULL MAIDEN NAME	Estella Hill Hunt.
RESIDENCE	Ashton, Ida.	RESIDENCE	Ashton, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	~~Idaho~~ Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
Phys.
(Physician or midwife)

Address Ashton, Ida.

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 10-4-1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ona Idaho

Street: .....

County: Fremont

File Number: 105734

Registration Dist. No. .....

Date of Birth: Oct 3 1922

Sex of Child: Male

Father: Purcell Byron Hunt
Full Name

Mother: Stella Cora Hunt
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ronda Purcell Hunt
Child's Name in Full

Purcell B Hunt
Signature of Father or Mother

DEC 1 1922
BUREAU OF VITAL STATISTICS

454-216-073 [redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

County of Gem — BUREAU OF VITAL STATISTICS — CERTIFICATE OF BIRTH — 105735

City of Emmett Registration District No. 6 File No.

No. St.

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Nellie Fay DeMasters

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	—	—	yes	9 — 16 — 1922

	FATHER	MOTHER
FULL NAME	J. Ben Demasters	FULL MAIDEN NAME Flora Bradley
RESIDENCE	Sweet	RESIDENCE Emmett
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years) 35
BIRTHPLACE	Ore	BIRTHPLACE Ida
OCCUPATION	Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 4 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O. Clark
(Physician or ~~midwife~~)

Address Emmett Ida

Given names added from a supplemental report.

19

Registrar

Filed 10/4 192 J. K. Reynolds Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF JUSTICE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett

Street: .....

County: Gem

File Number: 105735

Registration Dist. No.: .....

Sex of Child: Female

Date of Birth: Sep 16 1922

Father: Joseph B. DeMasters (Full Name)

Mother: Flora DeMasters (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Nellie Fay DeMasters

Child's Name in Full

Flora DeMasters

Signature of Father or Mother

346-228-023-362

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

BUREAU STAMP

CERTIFICATE OF BIRTH 105736

County of Gem

City of Emmett

No. ____ St.

Registration District No. 4 File No. ____

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Virginia Lee Coffey

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	— and —	—	yes	9-28-1929

(To be answered only in event of plural births)

What bacteriedal solution was used in eyes? yes

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Leslie G. Coffey	FULL MAIDEN NAME	Grace Cook
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Georgia	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 a. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton Clark

Emmett

(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 10/4 1929 J. A. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1973

APR 2 6 1944

295-105-023-236

PLACE OF BIRTH

RECEIVED OCT 7 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of

No. St.

Hospital

Registration District No. 4

File No. 105737

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Otto Dee King

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	9 (Month) 5 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William S King	FULL MAIDEN NAME	L Mable Story
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oreg	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O Clark MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 10/6 1922

J L Rynwell
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 1 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC [illegible]

Boise, Idaho, NOV 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett [illegible] Idaho
Street: Country
County: Gem

File Number: 105737

Registration Dist. No.:

Date of Birth: Sept. 5th 192[illegible]

Sex of Child: Male

Father: William Seborn King (Full Name)

Mother: Lillie Mabel Story (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Otto Rex King (Child's Name in Full)

Mrs. W. [illegible] King (Signature of Father or Mother)

1/13/41/ EA

AUG 0 19

235-116 823-857

PLACE OF BIRTH

RECEIVED NOV 3 1922 STATE BUREAU VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105738

County of Ada

City of Emmett

No. ____ St. Registration District No. 6 File No. ____

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Boyd Steinbach
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	10/16/1922

What bacteriocidal solution was used in eyes? Boric Acid Sat. Sol.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME Lee Steinbach	FULL MAIDEN NAME Daisey Heath
RESIDENCE Emmett	RESIDENCE Emmett
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Mo	BIRTHPLACE Ida
OCCUPATION Farm Labor	OCCUPATION House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett

Filed 10/16 1922 J. L. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

967-223-023-449

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105739

County of Gem

City of Emmett

No. ..... St. Registration District No. 6 File No. 105739

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Bertha Rogers
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	10/23/1922

What bactericidal solution was used in eyes? Boric acid 1st sol

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Fred Ray Rogers	FULL MAIDEN NAME	Hazel Zella Amidon
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1-40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett Idaho

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 10/23 1922 J. L. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

699-25-023-491

PLACE OF BIRTH

RECEIVED
NOV 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105740

County of Gem
City of Emmett
No. ..... St.
Registration District No. 9
File No.
Hospital
Primary Registration District No.
Registered No.

FULL NAME OF CHILD Georgia Maxine Faust
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	10 25 1922

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chas Henry Faust	FULL MAIDEN NAME	Isabell Kathryn Braley
RESIDENCE	Emmett Rt. #2	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11-20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
Emmett Ida
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 10/25 1922 J. L. Reynolds Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1942

859 229 023 365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of

No. Emmett St. Registration District No. 6 File No. 105741

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Lela Katherine Hereth
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl				yes	10/29/1922

What bacteriolidal solution was used in eyes? A.g.No3 1%

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	John Michael Hereth	FULL MAIDEN NAME	Marie Anna Conrad
RESIDENCE	Emmett	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. K. Reynolds
(Physician or midwife)

Address Emmett Ida

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 10/29 1922 J. K. Reynolds
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

669-107-023-662

PLACE OF BIRTH

RECEIVED
NOV 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105742

County of Gem

City of Emmett

No. ..... St.

Registration District No. 6

File No. .....

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Baxter Raymond Forbes
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			yes	10	7	1922

What bactericidal solution was used in eyes? Ag No3 1%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lee Charles Forbes	FULL MAIDEN NAME	Florence Stella Osborne
RESIDENCE	Emmett	RESIDENCE	Same
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Minn
OCCUPATION	Telegraph Operator	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett Idaho

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 10/9 1922 J. L. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1947
SEP 20 1963
DEC 2 1941

269-210-023-893

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 8 1922

CERTIFICATE OF BIRTH

County of Ten

City of Emmett

No. ..... St.

Registration District No. 6

File No. 105743

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Alice Dorothy Soran
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Oct 10 1922

What bactericidal solution was used in eyes? 1% Ag no 3

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John J Soran	FULL MAIDEN NAME	Ruth Hill
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Denver Colo	BIRTHPLACE	Kellogg Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 03 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings
(Physician or midwife)

Address Emmett

Filed 10/26 1922 J L Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-123-023-214

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 6 File No. 105744

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Raymon Byron Welter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	10 23 1922

What bactericidal solution was used in eyes? 1% Ag no 3

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm Joseph Welter	FULL MAIDEN NAME	Elda Badley
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Rumelange Luxembourg	BIRTHPLACE	Yale Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 01 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings
(Physician or midwife)

Address Emmett

Filed 10/26 1922 J. L. Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-11-023 #13

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 8 1922

CERTIFICATE OF BIRTH 105745

County of Gem Emmett

City of Emmett

No. ____ St.

Registration District No. 6

File No. ____

Hospital ____

Primary Registration District No. 6

Registered No. ____

FULL NAME OF CHILD Herbert Orlando Boren

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	10/14/192?

What bactericidal solution was used in eyes? 1% Argo3

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Isaac Boren	FULL MAIDEN NAME	Essie Jacobs
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Cannonville Utah	BIRTHPLACE	Bever City Utah
OCCUPATION	Section laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. R. Cummings

(Physician or midwife)

Address Emmett Ida

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 10/24 1922 J. K. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett

Street: .....

County: Gem

File Number: 105745

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Oct 11, 192 2

Father: Isaac Boren
Full Name

Mother: Essie May Boren
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Herbert Orlando Boren
Child's Name in Full

Essie Boren
Signature of Father or Mother

JUL 2 1 1943

619-116-023-299

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St. Registration District No. 6 File No. 105746

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Gerald Edward Warren
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	10 / 16 / 192-

What bactericidal solution was used in eyes? 1% Argyro

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edmund Warren	FULL MAIDEN NAME	Harriet M Kirk
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Nyssa Ore	BIRTHPLACE	Colchester Ill
OCCUPATION	Section Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

K ....., 192.....

..... Registrar.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Filed 10/26 192 2 J K Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number 105746

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth .....192....

Father ..... Mother .....

Full Name — Full Maiden Name

HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

433-218-023-713
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105747

County of Ada
City of Meridian
No. ..... St.
Registration District No. 6
File No. .....
Hospital .....
Primary Registration District No. .....
Registered No. .....

FULL NAME OF CHILD Mary Frances McConnell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	10/18/192-

What bactericidal solution was used in eyes? 1% Argno 3

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME	Orville G. McConnell	FULL MAIDEN NAME Mary Patton
RESIDENCE	Meridian	RESIDENCE Meridian
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	37 (Years)	34 (Years)
BIRTHPLACE	Parma Ida	BIRTHPLACE Manti Utah
OCCUPATION	Rancher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R A Cummings
(Physician or midwife)
Address Meridian

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 10/24 192- J L Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 12 1912

FEB 21 1945

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pearl

Place of Birth — Street:

Place of Birth — County: Glenn

File Number: 105747

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Oct 18 192.2

Father: Orville G. McConnell
Full Name

Mother: Mary E. Pattine
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Mary Frances McConnell
Child's Name in Full

Mary E. McConnell
Signature of Father or Mother

RECEIVED
MAY 17
BUREAU OF VITAL STATISTICS

(over)

We have ~~three~~ four other

who have never be

please send blanks

6/21/19

write & send to

212-120-027-495

PLACE OF BIRTH

RECEIVED NOV 5 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Registration District No. 6

File No. 105748

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD GREGORIO BASABE JR
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	Oct 20 1922

What bactericidal solution was used in eyes? 1% Ag no 3

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Gregorio Basaba	FULL MAIDEN NAME	Andresa Urcizo
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Camp tender	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings
(Physician or midwife)

Address Emmett

Filed 10/26 1922 J. L. Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number 105748

Registration Dist. No. .....

Date of Birth ..... 192....

Sex of Child ..... Male

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gem } ss.

Certificate No. 105748

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Gregorio Basabe Jr (Name on Original Certificate) who was born (Was Born or Died) on October 20, 1922 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal- remembrance (Bible Record, Insurance Policy, Etc.) prepared on Dec 7,1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Gregorio Basabe Jr
name of father	Gregorio Basabe	Gregorio Basabe
name of mother	Andresa Basabe	Andresa Basabe

Subscribed and sworn to before me this 25
day of February, 1942

Notary Public, residing at Emmett, Idaho

My commission expires 7-4-44
(Seal)

Signed Andresa Basabe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

325 W Main St, Emmett, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26
day of February, 1942

Notary Public, residing at Emmett, Idaho

My commission expires 7-4-44
(Seal)

Signed Anastasio Jayo
(Signature of Any Credible Person Other Than Previous Year)

511 Bannock St.,
(Street Address, City, State)
Boise, Idaho

1942

962-107-023-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105748

County of Gem

City of Ola

No. ____ St. Registration District No. 6 File No. ____

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD George Lee Rose Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	and		Yes	Oct 7 1922

What bactericidal solution was used in eyes? Sol. Silver nitrate

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Lee Rose	Gussie Linnie Davis
RESIDENCE	Ola, Idaho	Ola, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Baker City, Oregon	Elgin, Oregon
OCCUPATION	Farmer	Farmer's Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:15 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lucy B. Fetters
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 10/12 1922 J L Reynolds
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

714-213-023-391

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Ola

No. ..... St. ..... Registration District No. 6 File No. 105750

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ruth Leverne Paddock.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Sept-13 1922

What bactericidal solution was used in eyes? Sol Silver Nitrate

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

FATHER	MOTHER
FULL NAME William Paddock	FULL MAIDEN NAME Verna Cramer
RESIDENCE Ola	RESIDENCE Ola
COLOR	COLOR White
AGE AT LAST BIRTHDAY 47 (Years)	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Taney, Missouri	BIRTHPLACE Taney Missouri
OCCUPATION Farmer	OCCUPATION Farmers wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2-30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lucy B. Letters
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 10/14 1922 J L Reynolds
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

256-212-023-493

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Sweet

No. _____ St.

Hospital _____

Registration District No. 6

Primary Registration District No. _____

File No. 105751

Registered No. _____

Full Name of Child Betty Jean Knowlton

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
female		Yes	Oct. 12 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Knowlton	FULL MAIDEN NAME	Elizabeth Dill
RESIDENCE	Sweet, Idaho	RESIDENCE	Sweet, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Sweet
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:05 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Bird M.D.

E (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Emmett Idaho

Filed 10/12 1922 J. K. Reynolds Registrar

_____ Registrar

JUL 2 1 1942

753-114-023-791

PLACE OF BIRTH

County of Elmore

City of Sweet

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 6

File No. 105753

Primary Registration District No. ____

Registered No. ____

Full Name of Child Arley Richard ~~Unnamed~~ Peterson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Oct 14 1922

FATHER

FULL NAME: Floyd Peterson

RESIDENCE: Sweet Idaho

COLOR: W

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Montana

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Katie Pratt

RESIDENCE: Sweet

COLOR: W

AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Wash.

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:35 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd M. D.

(Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10/14 1922 J. L. Reynolds

Registrar

DEC 10 1941

699-223-024-84 [redacted]

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Gooding

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105754

City of Gooding

Registration District No. 24 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Mary Jane Frick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jerry Frick	FULL MAIDEN NAME	Abbie Huyser
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L W Cary MD

(Physician or midwife)

Given names added from a supplemental report.

Address Gooding Idaho

19

Filed 9-27 1922 F. T. Cary M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Gooding
- Street: Idaho St
- County: Gooding

File Number: 105754

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Sep 23 1922

Father: Jerry Frick
Full Name

Mother: Abbie Huyser
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Mary Jane Frick
Child's Name in Full

Jerry Frick
Signature of Father or Mother

MAR 3 1942

165-109-024-96

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St. .....

Hospital .....

RECEIVED OCT 2 - 1922 BUREAU OF VITAL STATISTICS

Registration District No. 24 File No. 105755

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Rowe (?) Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sep 9 1922

FATHER

FULL NAME Robt O Jones

RESIDENCE Gooding

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Va

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Dimmick Rowe

RESIDENCE Gooding

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Neb

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A M. on the date above stated.

(Signature) F Lucas MD

(Physician or midwife)

Address Gooding Idaho

Filed 9 - 9 - 1922

F Lucas MD
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

DUP OF 22-222332

843-106-024-314

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Gooding

CERTIFICATE OF BIRTH

City of Gooding

BUREAU OF VITAL STATISTICS

Registration District No. 24

File No. 105756

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Lawrence Fredrick Hutton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 6 1921

FATHER		MOTHER	
FULL NAME	H P Hutton	FULL MAIDEN NAME	Ethel Campbell
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mont.	BIRTHPLACE	Penn
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A M. on the date above stated.

(Signature) F. J. Campbell M.D.

(Physician or midwife)

Address Gooding Idaho

Filed 9-9- 1921 F. Campbell

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1, 1949

255-212-024-355

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

OCT 21 1922
BUREAU OF VITAL STATISTICS

Registration District No. 24 File No. 105757

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Clara Lucille Benson —

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sep (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Allen Benson	FULL MAIDEN NAME	Bessie Lee
RESIDENCE	Wendell, Ida.	RESIDENCE	Wendell, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E. Lamb per A.Z

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Gooding Idaho

Filed 10-3-1922 F Kaymo

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

RECEIVED NOV 21 1922

Boise, Idaho, NOV 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Wendell

Place of Birth — Street: .....

Place of Birth — County: Gooding

File Number: 105757

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Sept. 12, 1922

Father: Allen Aldrich Benson (Full Name)

Mother: Bessie Lee (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Clara Lucille Benson
Child's Name in Full

Allen A. & Bessie Benson
Signature of Father or Mother

JUN 12 1942

JUN 30 1942

Form V. S.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Bliss

Registration District No. 24

File No. 105758

No. 712-113-024-199 St.

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Salomon Pasillas ~~Arellano~~

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sep 13 1927

	FATHER	MOTHER
FULL NAME	Lino Pasillas	Maria ~~Mary~~ Arellano
RESIDENCE	Bliss Ida	Bliss Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	23
BIRTHPLACE	Mexico	New Mexico
OCCUPATION	Section Laborer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 o'clock P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb per A. Z.
(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report.

19

Registrar

Filed 10-3-27

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED NOV 21 1922 BUREAU OF VITAL STATISTICS

NOV 13 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blisa

Place of Birth — Street: .....

Place of Birth — County: Gooding

File Number: 105758

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Sept. 13 TW 192?

Father: Rafaele Atilano (Full Name)

Mother: Maria Escolastica (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gonzale Salomone

Child's Name in Full

Rafael Atilano

Signature of Father or Mother

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
APR 20 1940

STATE OF California)
) SS.
COUNTY OF Los Angeles)

AFFIDAVITS FOR CORRECTION OF A RECORD

Maria Arellano Pasillas of Watts, California

Being first duly sworn, deposes and says that she is the mother
(if related, specify degree, if friend or otherwise, so state)
of Salomon Pasillas

who was born in the city of Bliss, County of Gooding
(was born, died)

on the 13th day of September, 1922, as stated in a certificate of birth
birth or death filed by
(name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Boise, County of Ada

Idaho, on the ____ day of ____ 19__.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Gonsole Salomon Atelano, child's name

Rafael Atelano, Mary Arrellano
father mother's maiden name

That affiant upon her own knowledge states the true facts to be,
his, her
and the changes necessary to make the record correct are, as follows:

Salomon Pasillas, Lino Pasillas, Maria Arellano
child's name father mother

(Seal)

Affiant x Maria Arellano Pasillas

Address 1811 E. 107th St., Watts, Los Angeles, California

Subscribed and sworn to before me this 15 day of April 1940

Frank E. Romine
Notary Public
My Commission Expires April 20, 1943.

STATE OF California)
) SS.
COUNTY OF Los Angeles)

Lino Pasillas of 2405 E. 112 St Los Angeles

being first duly sowrn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant x Lino Pasillas

Address 2405 E. 112 St Los Angeles

Subscribed and sworn to before me this 15 day of April 1940

(Seal)

Frank E. Romine
Notary Public
My Commission Expires April 20, 1943.

VS 44

Form V. S. No. 11-C--25m-7-21-19

235 PLACE OF BIRTH 215-224-996

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105759

County of Gooding

City of Gooding

Registration District No. 24 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Stewart, Dorothy Jane

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sep 15 1922

FATHER		MOTHER	
FULL NAME	Thomas Stewart	FULL MAIDEN NAME	Elizabeth Rioch
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb per a.z

(Physician or midwife)

Given names added from a supplemental report.

Address Gooding Idaho

19

Registrar

Filed 10-3-1922 F. E. Carpenter Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 1 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

Street:

County: Gooding

File Number: 105759

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Sep 15-22

Father: Thomas Stewart (Full Name)

Mother: Elizabeth Rich (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dorothy Jane Stewart
Child's Name in Full

Mrs Thomas Stewart
Signature of Father or Mother

JUL 2 8 1942

619-220-024-755

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

County of Gooding

CERTIFICATE OF BIRTH

City of Hagerman

Registration District No. 24 File No. 105760

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Lois Farnsworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sep. 20 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Warren Farnsworth	FULL MAIDEN NAME	Stella Penfold
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb per A. Z

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Idaho

Filed 10-3- 1922

F. Harry Mott
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED DEC 2 1922 BUREAU OF VITAL STATISTICS

Place of Birth — City: Bliss

Place of Birth — Street: .....

Place of Birth — County: Gooding

File Number: 105760

Registration Dist. No.: 21

Sex of Child: Female

Date of Birth: September 20th 192...

Father: Benjamen Warren Farnsworth (Full Name)

Mother: Stella Elizabeth Pe... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lois Farnsworth
Child's Name in Full

(Mrs.) Warren Farnsworth
Signature of Father or Mother

666-122-024-743

PLACE OF BIRTH

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105761

County of Gooding

City of Bliss

Registration District No. 24

File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Joseph Samuel Woodward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male				Yes	Sept. 22 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Woodward	Lily Gutridge
RESIDENCE	Bliss	Bliss
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	29
BIRTHPLACE	England	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:30 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) H. E. Rand per a z
(Physician or midwife)

Address Gooding Idaho

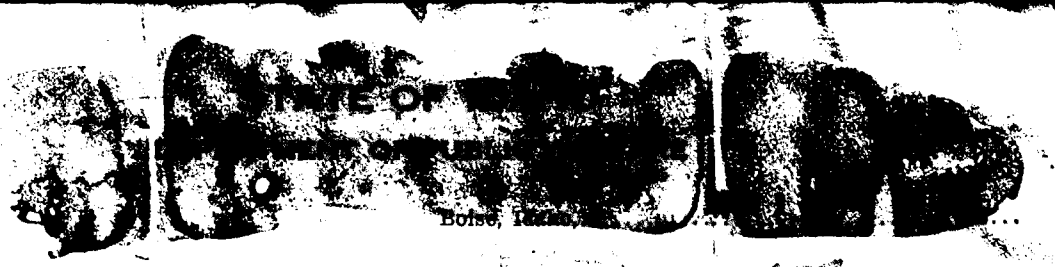
Filed 10 - 3 - 19 22

F Campbell
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bliss

Street: .....

County: Gooding

File Number: 105761

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Sept 22 1928

Father: Joseph Woodward
Full Name

Mother: Lily Oletha Gutridge
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Joseph Samuel Woodward
Child's Name in Full

Joseph Woodward
Signature of Father or Mother

91 X 226-02 X-147

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding — Registration District No. 24 — File No. 105762

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Bulah Elouise Rambo -

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Sep. 26 1922

FATHER

FULL NAME: Earl Rambo

RESIDENCE: Gooding

COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Idaho -

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Roze Amphenour

RESIDENCE: Gooding

COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Minnesota

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 M. on the date above stated.

(Signature) N. E. Rambo
per a. z.
(Physician or midwife)

Address Gooding Idaho

Filed 10-3- 19 22

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 13 1922 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

Street:

County: Gooding

File Number: 105762

Registration Dist. No.:

Date of Birth: Sept. 26 1922

Sex of Child: Female

Father: Earl Augusta Rambo (Full Name)

Mother: Rachel Rosetta Burke (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Beulah Elouise Rambo

Child's Name in Full

Mrs Earl A. Rambo

Signature of Father or Mother

OCT 2 9 1974

215-230-024-755

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

County of Gooding

CERTIFICATE OF BIRTH

City of Hagerman

Registration District No. 24

File No. 105763

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Jessie Mae Sands

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	Sep	30	1922

FATHER		MOTHER	
FULL NAME	Jesse A. Sands	FULL MAIDEN NAME	LaPreal Penfold
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) H. E. Lamb
Per A. Z

(Physician or midwife)

Address Gooding Idaho

Filed 10-3-1922

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
NOV 13 19
VITAL STATISTICS

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ..... Bliss

Street .....

County ..... Gooding

File Number 105763

Registration Dist. No. .....

Date of Birth ..... Sept. 30th 192 2

Sex of Child ..... Female

Father ..... Jesse O. Sands
Full Name

Mother ..... LaPreal Penfold
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Jessie Rae Sands .....
Child's Name in Full

..... LaPreal P. Sands .....
Signature of Father or Mother

K

DEC 9 1971

663-229-024-799

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECE[illegible] OCT 2 [illegible] BUREAU OF V[illegible] STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24 File No. 105764

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Lillian Folsom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 29 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Folsom	FULL MAIDEN NAME	Ruth Presbry
RESIDENCE	Gooding Ida R F D	RESIDENCE	Gooding R F D
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kan	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L W Cary MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Gooding Idaho

Filed 9-30-1922 F. V. Cary MD

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

335-118-024-271

County of Gooding

City of " Ida

No. ..... St.

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105765

Registration District No. 24 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Wilbur Lyle Cleveland
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy		yes.	9-18-1922

What bactericidal solution was used in eyes? 10 o/o Sol Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lyle Cleveland.	FULL MAIDEN NAME	Pearl Sparks.
RESIDENCE	Lima Mont.	RESIDENCE	Lima Mont.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mich.	BIRTHPLACE	Colo.
OCCUPATION	Fireman on R. R.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Gooding, Ida.

Filed 10-10-1922 F. T. Campbell Registrar.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding, Idaho

Street: —

County: Gooding

File Number: 105765

Registration Dist. No.:

Date of Birth: Sept 18th 192 2.

Sex of Child: Male

Father: Lyle Hagen Cleveland (Full Name)

Mother: Pearl Irene Sparks (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wilbur Lyle Cleveland (Child's Name in Full)

Mrs. Lyle H. Cleveland (Signature of Father or Mother)

Lima Montana.

386-124-024-895

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

County of Gooding
City of " Ida
No. ..... St.
Hospital .....

Registration District No. 24
Primary Registration District No. .....

File No. 105766
Registered No. .....

FULL NAME OF CHILD Anson Eugene Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy		yes	9-24-1922

What bactericidal solution was used in eyes? 10% Sol. Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Anson E. Thompson	FULL MAIDEN NAME	Bertha Hinds
RESIDENCE	Gooding, Ida.	RESIDENCE	Gooding, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Indiana	BIRTHPLACE	Penn.
OCCUPATION	Furniture dealer & undertaker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.
(Physician or midwife)

Address Gooding, Ida.

Filed 10-10 1922 F. Cary M.D.
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

164-168-024-256

PLACE OF BIRTH

Amended 7-23-56

County of Gooding

City of Gooding

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 105767

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Jerome Paul Journey
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	9 18 1922

What bacteriedal solution was used in eyes? 10% Sol. Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Glen A. Journey	FULL MAIDEN NAME: Ada M. Stout
RESIDENCE: Gooding, Ida.	RESIDENCE: Gooding, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Iowa
OCCUPATION: Banker	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M., M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.
(Physician or midwife)

Address Gooding, Ida.

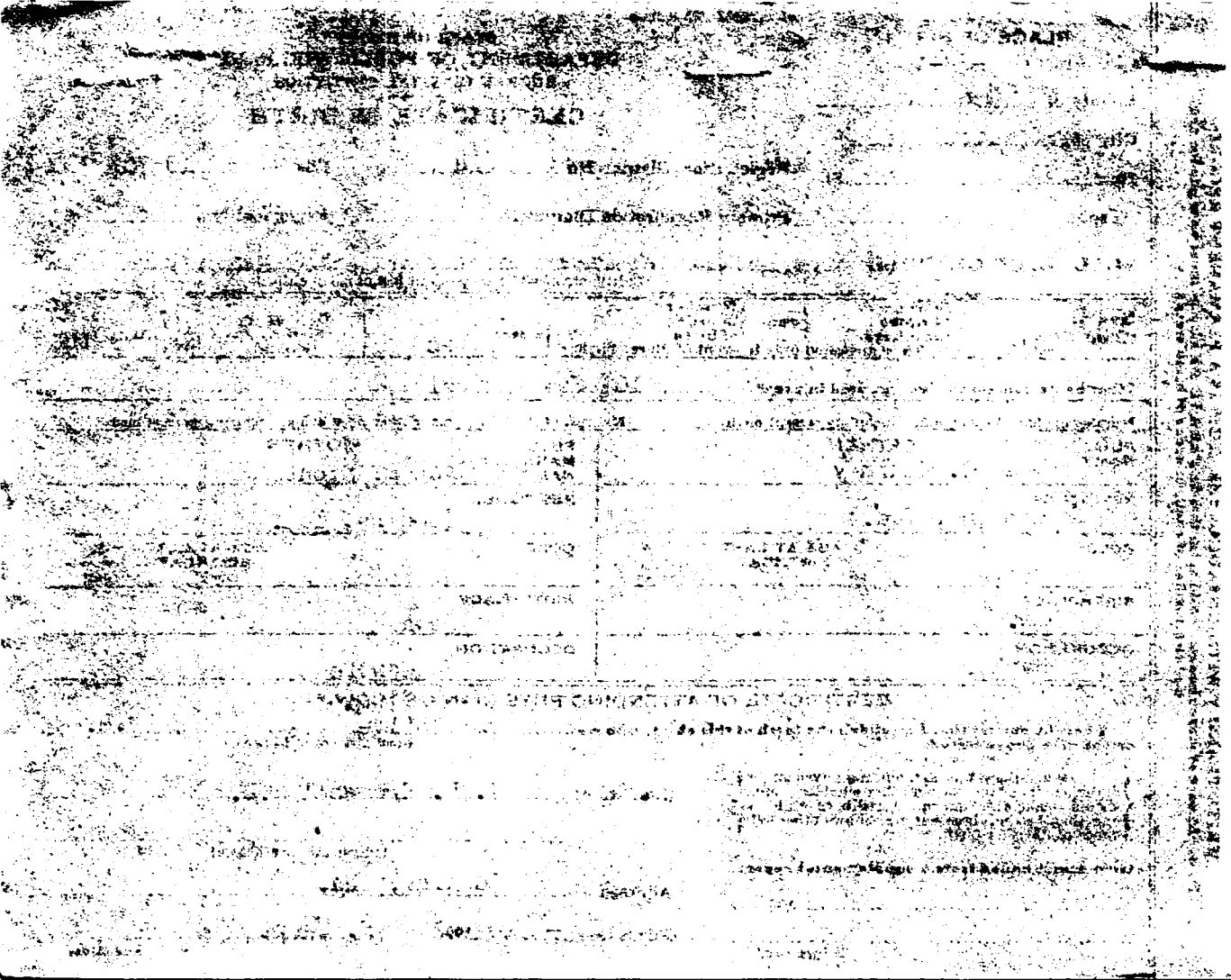
Give names added from a supplemental report.

....., 192....

.....
Registrar.

Filed 10 - 10 1922 F. Caupt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



State of Idaho,

SS:

County of Gooding,

J. H. Cromwell being first duly sworn on oath deposes and says: That he is a duly licensed physician of the State of Idaho and was such on and for many years prior to September 18, 1922 and at all times since said date. That he was the attending physician at the birth of Jerome Paul Journey who was born at Gooding, Idaho on September 18, 1922 and certified to the birth of said child. That through an error I misspelled in said certificate the last name of said child and spelled same Jurney when the correct spelling is Journey.

This affidavit is made for the purposes of correcting the name as written in said birth certficate "Jurney" to the true and correct spelling as follows: "Journey".

J. H. Cromwell M D

Subscribed and sworn to before me this 5th day of July, 1956.

M. F. Ryan

Notary Public for the State of Idaho; residing at Gooding, Idaho

791-227-024-622

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of " Ida

No. ..... St. Registration District No. 24 File No. 105768

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Fern Eloise Graves.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl.		yes.	9-27-1922

What bactericidal solution was used in eyes? 10 o/o Sol Argyrol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Fred A Graves.	FULL MAIDEN NAME	Greta Osborn.
RESIDENCE	Gooding, Ida.	RESIDENCE	Gooding, Ida.
COLOR	white. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	white. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell, M.D.
(Physician or midwife)

Address Gooding

Filed 10-10-1922 F. G. Clayton M.D.
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Gooding

Street

County Gooding

File Number 105768

Registration Dist. No.

Sex of Child Female

Date of Birth Sept. 27 1922

Father Fred Allison Graves (Full Name)

Mother Greta Gertrude Osborn (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Fern Eloise Graves (Child's Name in Full)

Mrs. Fred Graves (Signature of Father or Mother)

295-118-025-231 REC[redacted]

PLACE OF BIRTH

OCT [redacted] 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

County of Idaho [redacted] CERTIFICATE OF BIRTH

City of Kamiah (Limits)

Registration District No. 49 File No. 105769

No. ..... St.

Primary Registration District No. 2421 Registered No. .....

Hospital .....

FULL NAME OF CHILD Andrew Marian Swenson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Aug. 18 1922

FATHER		MOTHER	
FULL NAME	Andrew Swenson	FULL MAIDEN NAME	Edna Starr
RESIDENCE	Kamiah, Id	RESIDENCE	Kamiah,
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Penn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 30 A. M. on the date above-stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) O. S. Bryan M. D.

(Physician or midwife)

Address Kamiah, Id

Filed 10/7 1922 C. J. Johnson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-113-031

PLACE OF [illegible]

RECEIVED OCT 21 19[illegible] BUREAU OF [illegible] STATISTICS

Form V. S. No. 11-C--25m-7-21-19

[illegible] STATISTICS

CERTIFICATE OF BIRTH

County of Lee

City of Nezperce

Registration District No. [illegible]

File No. 105770

No. ..... St.

Primary Registration District No. [illegible]

Registered No. .....

Hospital .....

FULL NAME OF CHILD Wade Porter Bettis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug. 13 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jake Bettis	FULL MAIDEN NAME	Norma P Wilson
RESIDENCE	Nezperce Id	RESIDENCE	Nezperce, Id
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Lewis,	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A H Bryan M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston, Id

Filed 10/7/22 19....

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

MAR 2 5 1948

DECEASED

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-25-025-391

PLACE OF BIRTH

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS STATE DEPARTMENT OF HEALTH

Form V. S. No. 1'-C—25m-7-21-19

105771

County of Idaho

City of Kamiah Registration District No. 49 File No.

No. St. Primary Registration District No. 24

Hospital Registered No.

FULL NAME OF CHILD Charles Kamiah Campbell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Sept. 25th 1922

FATHER		MOTHER	
FULL NAME	Lloyd Campbell	FULL MAIDEN NAME	Sadie Crawford
RESIDENCE	Kamiah,	RESIDENCE	Kamiah
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ariz.	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 9, M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

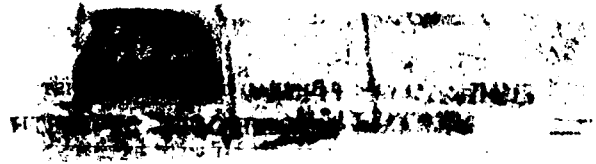
(Signature) C. S. Bryan M. D.

(Physician or midwife)

Address Kamiah,

Filed 10/7 19 22 C. J. Johnson

Registrar



318-118-031-815

PLACE OF BIRTH

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

[redacted] Bureau of Vital Statistics

Form V. S. No. 11-C—25m-7-21-19

County of Lewis

City of Kamiah

CERTIFICATE OF BIRTH

Registration District No. 49 File No. 105772

No. ..... St.

Primary Registration District No. 2429 Registered No. .....

Hospital .....

FULL NAME OF CHILD Norman Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Sept. 18 1922

FATHER		MOTHER	
FULL NAME	Fred Taylor	FULL MAIDEN NAME	Anna Howard
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	white	COLOR	white + Indian
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Homer, Neb.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Bryan M.D.

(Physician or midwife)

Address Kamiah, Id.

Given names added from a supplemental report.

..... 19.....

Registrar

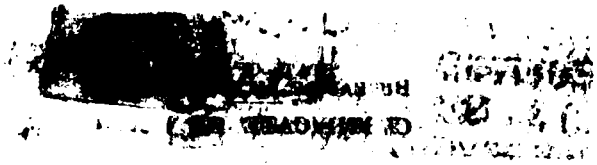
Filed 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



769-103-025-632

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

No. 11-C—25m-7-21-19

County of Idaho

CERTIFICATE OF BIRTH

City of Winona

Registration District No. 49

File No. 105773

No. ..... St.

Primary Registration District No. 248

Registered No. .....

Hospital .....

FULL NAME OF CHILD Stanley Eugene Gorsuch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Oct 3 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Austin Gorsuch	FULL MAIDEN NAME	Hilda Olson
RESIDENCE	Winona Ida	RESIDENCE	(Winona) Winona Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Bryan M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kamiah Id

Stanley Eugene Gorsuch
Registrar

Filed 10/7/22 19....

C. J. Johnson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-205-025-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 105774

County of Idaho

City of Fenn Registration District No. 105

No. St. Primary Registration District No. 2183 Registered No.

Hospital

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Margaret Elizabeth Wood

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept. 5 1922

FATHER		MOTHER	
FULL NAME	James Wood	FULL MAIDEN NAME	Elizabeth Birchmier
RESIDENCE	Fenn Idaho	RESIDENCE	Fenn Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Indianapolis Indiana	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Schmisek M.D.

(Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Sept 30 1922 [illegible]

Registrar

MARGIN RESERVED FOR BINL.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1922 - 116.025 - 547

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105775

County of Idaho

City of Green Creek

Registration District No. 105 File No. 5

No. ____ St.

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD Walter Dennis Arnzen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M.				Yes.	Sept	16	1922

	FATHER	MOTHER
FULL NAME	Joseph W. Arnzen	FULL MAIDEN NAME Bernadine Arnall.
RESIDENCE	Green Creek.	Green Creek.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	34	28
BIRTHPLACE	Ill.	Idaho.
OCCUPATION	Farmer	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Wesley F. Orr

(Physician or midwife)

Address Gooding Idaho.

Filed Sept 30 1922 W. F. Orr
Registrar

SEP 18 1942

MAR 11 1944

166-104025-466

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood District No. 105 File No. 105776

No. ____ St.

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD Harry Howard Moore.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	Sept 4 1922

FATHER

FULL NAME Henry H. Moore.

RESIDENCE Cottonwood Idaho.

COLOR W. AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Kansas.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Margaret Moore.

RESIDENCE Cottonwood

COLOR W. AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Wash.

OCCUPATION Home wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:40 A. M. on the date above stated.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Address Cottonwood Idaho.

Filed Sept 30 1922 W. F. Orr Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 2 1965

JUN 5 1942

295-124-025-419

PLACE OF BIRTH

RECEIVED OCT 24 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

105777

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 30

FULL NAME OF CHILD George Wellington ~~Kinnick~~ Kinnick
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Aug 24 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Charles Edward Kinnick	FULL MAIDEN NAME	Maud Dolores Marsh
RESIDENCE	Kooskia	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Iowa	BIRTHPLACE	~~Iowa~~ Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maud M. Kinnick
(Physician or midwife)

Address Kooskia - Idaho

Filed Oct-1 1922 J M Vuhlkuens
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-202-025-449

date of birth amended 12-29-87 lh

PLACE OF BIRTH

RECEIVED OCT 24 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Idaho

City of Clearwater

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH 105778

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 31

FULL NAME OF CHILD Jessie Margaret Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin		One 1	yes	Sept 23 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Walter Brown	FULL MAIDEN NAME	Blanche Murphy
RESIDENCE	Clearwater	RESIDENCE	Clearwater Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Minnesota	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeekmans
Physician
(Physician or midwife)

Address Kooskia - Idaho

Filed Oct 1 1922 J. M. Verbeekmans
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN -7 1965

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
NOV 12 1987
VITAL STATISTICS UNIT

State of _____ } ss.
County of _____ }

Certificate No. 105778
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Jessie Margaret Brown (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 2, 1922 (Date of Event)

in Clearwater (Idaho Co) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
date of birth	Sept. 2, 1922	Sept. 3, 1922

Subscribed and sworn to before me this 6 day of NOV, 1987.
Notary Public, [signature]
Residing at Grangeville
My commission expires Life
(Seal)

Jessie Margaret Brown
Signature of Applicant
Jessie McCulley
N. 421 N. 5th
Street Address, City, State
Grangeville, Idaho 83530

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of NOV 1987.
Notary Public, [signature]
Residing at Grangeville
My commission expires Life
(Seal)

Carol Lytle
Supporting Signature
HC67 BOX 32, Grangeville, Id.
Street Address, City, State

in office 8-2-85 fc

Family record of births lists Jessie Margrett Brown born Sunday Sept. 3, 1922.
Viewed by V.S.

Insurance policy #385472 from Pioneer Mutual Life Ins. Co. gives name of insured as Jessie McCulley born Sept. 3, 1922. Issued May 2, 1982.
Viewed by V.S.

JAN 26 1988

846-208-025-296

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
OCT 24 1922
BUREAU OF VITAL STATISTICS

County of Idaho

City of Stites

Registration District No. 106

File No. 105780

No. ..... St.

Primary Registration District No. 2184

Registered No. 33

Hospital .....

FULL NAME OF CHILD Ruth Eilene Huffman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept 8th 1922

FATHER		MOTHER	
FULL NAME	Fred Huffman	FULL MAIDEN NAME	Constance Brown
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Missouri	BIRTHPLACE	Minnesota
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 30p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Stites Ida.

Filed Oct 1 1922 J. M. Vieberkeuves

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-227-025-238

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 24 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105781

County of Idaho

City of Kooskia

No. ..... St.

Registration District No. 106 File No. .....

Hospital ..... Primary Registration District No. 2184 Registered No. 34

FULL NAME OF CHILD May Marie Schwartz
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Sept 27 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Henry Schwartz	FULL MAIDEN NAME	Annetta Schwartz
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Germany	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Verberkmoes
Physician
(Physician or midwife)

Address Kooskia - Idaho

Filed Oct 1 1922 J M Verberkmoes
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-129-025-449

PLACE OF BIRTH

County of Idaho

City of Clearwater

No. ..... St.

Hospital .....

RECEIVED
OCT 24 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0—20m-6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 106 File No. 105782

Primary Registration District No. 2124 Registered No. 35

FULL NAME OF CHILD James Farrel Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 29 1922

FATHER		MOTHER	
FULL NAME	John Wilson	FULL MAIDEN NAME	Hazel Murphy
RESIDENCE	Clearwater	RESIDENCE	Clearwater
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Washington
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. W. Wentworth M.D.

(Physician or midwife)

Address Stites Ida.

Filed Oct 1 1922 J. McCutcheon
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Clearwater

Street: .....

County: Idaho

File Number: 105782

Registration Dist. No. .....

Date of Birth: Sept 29 192 2

Sex of Child: Male

Father: John H Wilson (Full Name)

Mother: Hazel O Murphy (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Farrel Wilson
Child's Name in Full

Mrs. John H. Wilson
Signature of Father or Mother

331-210-027-299

PLACE OF BIRTH

RECEIVED OCT 28 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form [redacted] 25m-7-21-19

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

Registration District No. 23

File No. 105783

No. [redacted] St. 1017

Primary Registration District No. 2017

Registered No.

Hospital

FULL NAME OF CHILD Jessie William Blank

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Aug 10 1922

FATHER

FULL NAME: Thomas Clark

RESIDENCE: Jerome Idaho

COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Celia Bird

RESIDENCE: Jerome Idaho

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

(Signature) E. D. Piper M. D.

(Physician or midwife)

Address Jerome Ida

Filed Aug 22 19 22 E. D. Piper M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE NOV 13 1929

Boise

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Jerome

Street: .....

County: Jerome

File Number: 105783

Registration Dist. No. .....

Sex of Child: [redacted] male

Date of Birth: Aug 10 192[illegible]

Father: Thomas Clark (Full Name)

Mother: Celia Bird (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jessie William Clark

Child's Name in Full

Celia Clark

Signature of Father or Mother

MAY 10 1948

619-202-027-513

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
1922

CERTIFICATE OF BIRTH

105784

County of Jerome

City of Hazelton — Registration District No. 23 — File No.

No. ____ St. — 1017

Primary Registration District No. 2017 — Registered No.

Hospital

FULL NAME OF CHILD Ruth Wardell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	June 2 1922

FATHER	MOTHER
FULL NAME Willard F. Wardell	FULL MAIDEN NAME Bertha Van Valkenburg
RESIDENCE Hazelton Ida	RESIDENCE Hazelton
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Utah	BIRTHPLACE N. Y.
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Berg M D

Hazelton Ida
(Physician or midwife)

Address

Given names added from a supplemental report.

19____

Registrar

Filed Oct 24 1922

E. D. Piper M. D.
Registrar

Child Eggs

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

POST

695-216-027-366

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

Registration District No. 23 File No. 105785

No. ..... St.

Primary Registration District No. 1017 2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Edith Nadine Freeman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7		Yes	May 16 1922

FATHER		MOTHER	
FULL NAME	Henry Bond Freeman	FULL MAIDEN NAME	Edna Cooper
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebr. Colo.	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born dead (Born alive or stillborn), at 7 15/A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Berry MD

(Physician or midwife) Hazelton Ida

Given names added from a supplemental report.

..... 19....

Address .....

Filed Oct 24 1922 E. D. Piper M.D.

Registrar

Registrar

Credit Eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 29 1960

JUN 15 1971

236-108-027-295

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105786

County of Jerome

City of Hazelton

Registration District No. 23

File No.

No. ____ St.

Primary Registration District No. 2017 (1017)

Registered No.

Hospital

FULL NAME OF CHILD Albert Casper Block

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	May 8 1922

FATHER		MOTHER	
FULL NAME	Casper Block	FULL MAIDEN NAME	Mary Rudsputen
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19____

(Signature) E. L. Berry M D

Hazelton Ida
(Physician or midwife)

Address

Registrar

Filed Oct 24 1922 E. D. Pipes M. D.
Registrar

Curled eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

65-202-027-4/2 Amended 8/14/79

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED OCT 1922 VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105787

County of Jerome

City of Hagerman

Registration District No. 23

File No.

No. St. 1017

Primary Registration District No. 2017

Registered No.

Hospital

FULL NAME OF CHILD Dorothy Mildred Winkle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	May 2 1922

FATHER	MOTHER
FULL NAME Bob Winkle	FULL MAIDEN NAME Myrtle Mortimer
RESIDENCE Hagerman Ida	RESIDENCE Hagerman
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE Kan	BIRTHPLACE N. Y.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 a.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E C Barry M D

Hagerman
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Oct 24 1922 E. D. Piper M.D.
Registrar

Creded Eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Twin Falls } ss.

JUN 8 2 25 PM '79

Certificate No. 105787
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Mildred Gladys Windle (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 2, 1922 (Date of Event)

in Hazelton, Idaho (Jerome) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Mildred Gladys Windle	Dorothy Mildred Windle

Subscribed and sworn to before me this 31st day of May 1979

Notary Public, [signature]
Residing at Twin Falls
My commission expires 1981
(Seal)

Dorothy Mildred Windle
Signature of Applicant

290 Ramsey Twin Falls Ida 83301
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jerome } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of June, 1979.

Notary Public, Edith Thomason
Residing at Jerome
My commission expires 2-16-83
(Seal)

[signature]
Supporting Signature

Box 407 Jerome Ida
Street Address, City, State

CL 5/29/79 nm

School Census record for Septl 1928 gives name as Dorothy Windle parents names as Gabe & Myrtle Windle. viewed by V. S.

AUG 14 1979

Own child's name on file in Idaho #427384 gives child's name as Ira Allan McCliman and the mother's maiden name as Dorothy Mildred Windle. child born Oct 6, 1946. viewed by V. S.

962-108-027-964

PLACE OF BIRTH

RECEIVED OCT 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

File No. 105788

County of Jerome

City of Jerome Registration District No. 23

No. ____ St. Primary Registration District No. 1017 2017

Registered No. ____

Hospital ____

FULL NAME OF CHILD William Warner Roberts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	1 8 1922

FATHER	MOTHER
FULL NAME: Hurley Warner Roberts	FULL MAIDEN NAME: Carolina Cynthia Rodgers
RESIDENCE: Jerome, Ida.	RESIDENCE: Jerome Ida
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 54 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Walla Walla, Wash.	BIRTHPLACE: Mich.
OCCUPATION:	OCCUPATION:

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Maud

Physician
(Physician or midwife)

Given names added from a supplemental report.

19____

Registrar

Address ____

Filed Oct 24 1922

C. D. Maud M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash } ss. Certificate No. 105788

County of Pierce } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~William Warner~~ Birth (Birth or Death)

for William Warner Roberts (Name on Original Certificate) who born (Was Born or Died) on Jan 8-1922 (Date of Event)

in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by own knowledge (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	William Warner Roberts

Subscribed and sworn to before me this 8th day of April, 1943

Notary Public, residing at Tacoma

My commission expires

(Seal)

Signed Caroline Cynthia Roberts

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Mother

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.

County of Pierce }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of April, 1943

Notary Public, residing at Tacoma

My commission expires

(Seal)

Signed Caroline Cynthia Roberts

(Signature of Any Credible Person Other Than Previous Year)

Mother

(Street Address, City, State)

OCT 2 2 1943

242-105-027-759

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105789

County of Jerome

City of Hagerman

Registration District No. 23

File No.

No. St.

Primary Registration District No. 1017

Registered No.

Hospital

FULL NAME OF CHILD Linn Buchanan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Oct 1 22

FATHER		MOTHER	
FULL NAME	Henry Frederick Buchanan	FULL MAIDEN NAME	Alvina Perkins
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Germany	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 30 P M. on the date above stated.

(Signature) E L Berry M D

(Physician or midwife)

Address Hagerman Ida

Filed Oct 24 19 22 E. D. Piper M. D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Corked eye

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

46X-216.027-296

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

Registration District No. 23 File No. 105790

No. ..... St.

Primary Registration District No. 1017 2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Thora Harriett Douglas

Sex of Child F | Twin Triplet or other? and Number in order of birth 1st. (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Apr (Month) 16 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Naphi Amman Douglas	FULL MAIDEN NAME	Emma Brook
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 25/p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Berry MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hazelton Ida

Filed Oct 24 1922 E. D. Piper M. D.

Registrar

Registrar

Ended 1922

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1984

DECEASED

464-216-027-296

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

Registration District No. 23 File No. 105791

No. ..... St.

Primary Registration District No. 1017 2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dora Elizabeth Douglass

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	2nd			Yes	4 (Month) 16 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Uphi Amman Douglass	FULL MAIDEN NAME	Emma Brook
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 30/8 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Berry M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Hazelton Ida

Filed Oct 24 1922 E. D. Piper M.D.

Registrar

Credel Eye

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome

Certificate No. 105791

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dora E. Douglas (Name on Original Certificate) who was born (Was Born or Died) on November 21, 1923 (Date of Event)
in Hazelton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L.D.S. CHURCH (Bible Record, Insurance Policy, Etc.) prepared on Nov. 21. 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	Douglas	Douglass
Nephi A. Douglass		

Subscribed and sworn to before me this 24th day of June 19 42

Edna M. Baine
Notary Public, residing at San Diego, California

My commission expires MY COMMISSION EXPIRES MARCH 29, 1944
(Seal)

Signed Nephi Romlick Douglass
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

#3669 Columbia Street, San Diego, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of June 1942

Marion L Brenner
Notary Public, residing at Boise

My commission expires April 3, 1945
(Seal)

Signed E. L. Barrymond
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

219-210-027-799

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

No. ..... St.

Registration District No. 23

File No. 105792

Hospital .....

Primary Registration District No. 1017 2017

Registered No. .....

FULL NAME OF CHILD Phoebe Joyce Barnes
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept. 10 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	B. O. Barnes	FULL MAIDEN NAME	Mamie Price
RESIDENCE	Eden, Ida.	RESIDENCE	Eden, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ills.	BIRTHPLACE	Colo
OCCUPATION	Merchant	OCCUPATION	Kauf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was formalist (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.
(Physician or midwife)

Address Eden, Ida

Filed Oct 24 1922 E. D. Piper M.D.
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

191,267,027-262

PLACE OF BIRTH

RECEIVED
OCT 27 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105793

County of Jerome

City of Edon

No. ..... St. ..... Registration District No. 23 File No. .....

Hospital ..... Primary Registration District No. 1017 Registered No. .....

FULL NAME OF CHILD Virginia Mabel Grant
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept. 17 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank Grant	FULL MAIDEN NAME	Clara Sobbe
RESIDENCE	Edon, Idaho	RESIDENCE	Edon, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housp.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M. D.
(Physician or midwife)

Address Edon, Ida.

Filed Oct 24 1922 E. D. Piper M.D.
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC W[illegible]

[illegible] 3 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City ....Eden....
Street .....
County ..Jerome....

File Number ....105793....

Registration Dist. No. .....

Sex of Child ....Female....

Date of Birth ...Sept 17th....1922..

Father ..Frank Edward Grant..
Full Name

Mother ....Clara Rosa Gobbe....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

....Virginia Mabel Grant....
Child's Name in Full

....Clara Grant....
Signature of Father or Mother

AUG 4 1944

866-228-027-155

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
OCT 27 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hagelton

No. ..... St.

Registration District No. 23

File No. 105704

Primary Registration District No. 1017 2017

Registered No.

Hospital

FULL NAME OF CHILD Margaret Lavina Howe

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Sept 28 1922

FATHER	MOTHER
FULL NAME: Alfred Howe	FULL MAIDEN NAME: Opal L. [illegible] Jennings
RESIDENCE: Missouri	RESIDENCE: Hagelton Ida
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Cedarville, Missouri	BIRTHPLACE: Mo
OCCUPATION: Clerk in Hardward Store	OCCUPATION: cook

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Barry M.D.
(Physician or midwife)

Address Hagelton Ida

Given names added from a supplemental report.

19.....
Registrar

Filed Oct 24 1922 E. D. Soper M. D.
Registrar

Corrected copy

Information taken from Marriage certificate submitted 4-24-44.

APR 26 1944

249-125-027-258

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

Registration District No. 23

File No. 105795

No. ..... St.

Primary Registration District No. 1017 2017

Registered No. .....

Hospital .....

FULL NAME OF CHILD Jack Burdick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept 25 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	O. C. Burdick	FULL MAIDEN NAME	Blanche Snyder
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Texas	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Berry MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Hazelton

Filed Oct 24 1922 E. D. Pfier M.D.

Registrar

Ended eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3 1942

DEC 15 1942

256-230-027-245

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

No. ..... St.

Hospital .....

Registration District No. 23

File No. 105796

Primary Registration District No. 1017 201

Registered No. .....

FULL NAME OF CHILD JOAN Joe Blen Snow
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug 30 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	W. F. Snow	FULL MAIDEN NAME	Lena Bunch
RESIDENCE	Eden, Ida	RESIDENCE	Eden, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ark.	BIRTHPLACE	Ark.
OCCUPATION	Farmer	OCCUPATION	Farm.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5-9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.
(Physician or midwife)

Address Eden, Ida

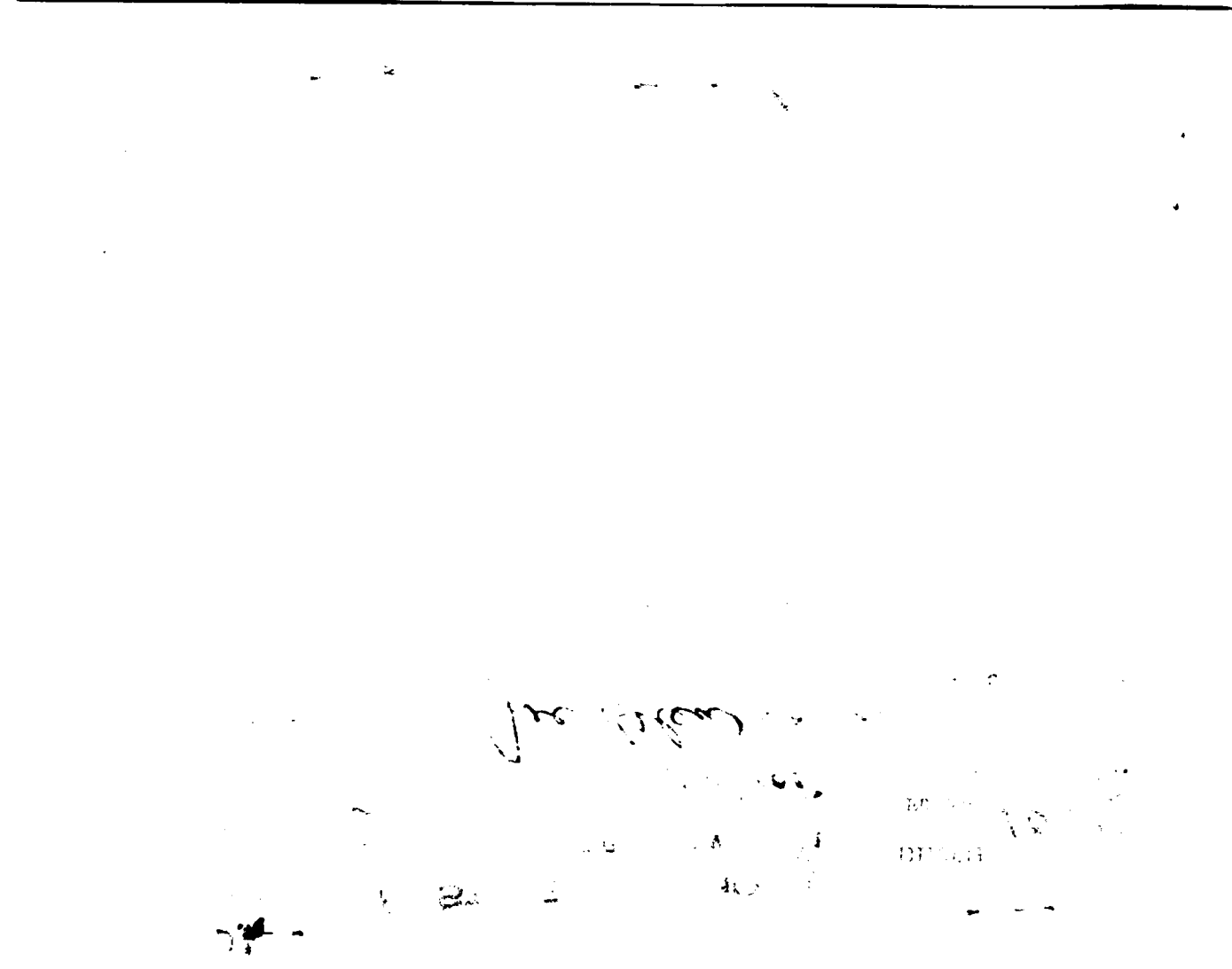
Filed Oct 24 1922 E. D. Piper M.D.
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

VED
20 1922
AU OF VITAL
STATISTICS

Place of Birth: City Aden. Street ..... County Jerome.

File Number 105796

Registration Dist. No. 7

Sex of Child Female Girl

Date of Birth Aug. 30 1922.

Father Wiley Forest Snow
Full Name

Mother Lena Bunch.
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Joe Blen Snow
Child's Name in Full

Mrs Lena Snow
Signature of Father or Mother

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Sacramento } ss.

Certificate No. 105796

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of August 30 - 1922 (Birth or Death)
for Joe Blen (Name on Original Certificate) who Born (Was Born or Died) on August 30-1922 (Date of Event)
in Eden - Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother, your affidavit (Bible Record, Insurance Policy, Etc.) prepared on Date of Birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Joe Blen	Joan Blen Snow

Subscribed and sworn to before me this 4
day of June, 1942

George J. Raymond
Notary Public, residing at Sacramento Calif.
My commission expires May-18-1945
(Seal)

Signed Lena Burch Snow mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1812 - H - St
Sacramento, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Sacramento } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge, as he is the father.

Subscribed and sworn to before me this 4
day of June, 1942

George J. Raymond
Notary Public, residing at Sacramento Calif.
My commission expires May - 18 - 1945
(Seal)

Signed Wiley F. Snow
(Signature of Any Credible Person Other Than Previous Year)
1812 - H - St
Sacramento, California
(Street Address, City, State)

JUN 9 1942

652-214-027-795

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

Registration District No. 23 File No. 105797

No. ..... St.

Primary Registration District No. 1017 2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Beulah Adelma Webb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Aug 14 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Irwin Webb	FULL MAIDEN NAME	Nancy D Pressler
RESIDENCE	Eden Ida	RESIDENCE	Eden Ida
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Berry M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hazelton, Ida

Registrar

Filed Oct 24 1922 E. D. Piper M. D.

Registrar

Creded Eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-16-027-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105798

County of Jerome

City of Eden

No. ____ St.

Registration District No. 23

File No. ____

Hospital ____

Primary Registration District No. 1017

Registered No. ____

FULL NAME OF CHILD Floyd Raymon Phillips

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	August 192 2

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Geo. Phillips	FULL MAIDEN NAME Myrtle Parrett
RESIDENCE Eden, Ida.	RESIDENCE Eden, Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Kans.	BIRTHPLACE Kan.
OCCUPATION Farmer	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal at 3.9 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W. P. Scruggs M.D.

(Physician or midwife)

Address Eden, Ida

Filed Oct 24 1922 E. D. Piper M.D.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

[illegible]C WELFARE

Boise, Idaho ..... 3 1922 .....192...

Dear Madam:

The name of your baby was not filled in on the [illegible] certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City .....
- Street .....
- County .....

File Number ..... 105798 .....

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Floyd Raymon Phillips
Child's Name in Full

Geo W Phillips
Signature of Father or Mother

OCT 20 1942

693-106-027-613 RECEIVED
OCT 27 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome
City of Eden
No. ..... St.
Hospital .....

Registration District No. 23
Primary Registration District No. 1017 2017

File No. 105799
Registered No. .....

FULL NAME OF CHILD Jack Leroy Jackson Leroy Wilson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 6 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	A. J. Wilson	FULL MAIDEN NAME	Lily Fatherstone
RESIDENCE	Eden, Ida	RESIDENCE	Eden, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	19 ans.	BIRTHPLACE	Ind.
OCCUPATION	Farmer	OCCUPATION	Housf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 39 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.P.
(Physician or midwife)

Address Eden, Idaho

Filed Oct 24 1922 E. D. Piper M.D.
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

244-226-027-599

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Jerome

City of Eden

No. ____ St.

Hospital ____

AMENDED CERTIFICATE OF BIRTH

August 22, 1946

Registration District No. 23

File No. 105800

Primary Registration District No. 1017

Registered No. ____

FULL NAME OF CHILD Ella Mae Sumner

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female (Male)			Yes	June 26, 192 2

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Ambrose Sumner	FULL MAIDEN NAME: Annie L. Erie
RESIDENCE: Eden, Idaho	RESIDENCE: Eden, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Kansas
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

(Signature) W. P. Scraggs, M. D.

(Physician or midwife)

Address Eden, Idaho

Filed Oct. 24, 192 2 E. D.-Piper, M. D.
Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ... NOV [illegible] ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Eden [illegible]
- Street: R.R. 1
- County: Jerome

File Number: 105800

Registration Dist. No.: Eden Precinct.

Date of Birth: June 6th 1922

Sex of Child: ~~Male~~ Female

Father: Ambrose Sumner
Full Name

Mother: Anna Lorena Erie
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ella May Sumner
Child's Name in Full

Ambrose Sumner
Signature of Father or Mother

K

AUG 15 1946

433-126-027-295

PLACE OF BIRTH

RECEIVED
OCT 27 1922
BUREAU ... STA...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome
City of Eden
No. ..... St.
Hospital .....

Registration District No. 23
Primary Registration District No. 1017 2017

File No. 105801
Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 26 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Jra. McClimans	FULL MAIDEN NAME	Ollie King
RESIDENCE	Eden, Ida	RESIDENCE	Eden, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Keep

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Eden, Ida

Filed Oct 24 1922 E. D. Piper M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-125-027-619

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 105803

Primary Registration District No. 1017 2017 Registered No. .....

FULL NAME OF CHILD John LeRoy Jacobsen

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—		—	yes	June 25 1922

FATHER		MOTHER	
FULL NAME	August Jacobsen	FULL MAIDEN NAME	Emma M. C. Hansen
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	white	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Work

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 15 9. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

(Signature) E. D. Piper M.D.

(Physician or midwife)

Address Jerome

Filed Oct 24 19 22 E. D. Piper M.D.

Registrar

Registrar

10% Sol argyrol in Eyes.

OCT 2 9 1943

595-227-027-212

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23 File No. 105804

Primary Registration District No. 1017 2017 Registered No. .....

FULL NAME OF CHILD Doris May Erwin

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth May 27, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Theodore Erwin	FULL MAIDEN NAME	Alice Bassett
RESIDENCE	P.O. Eden, Idaho	RESIDENCE	Eden, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Butler, Ill	BIRTHPLACE	Hamburg, Iowa
OCCUPATION	Farmer (Sol. Argyrol 2090)	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:45 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Passer, M.D.

Twin Falls, Id.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed Oct 24 1922 E. D. Piper M.D.
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEPT 25 1941

JAN 9

639-217-027152

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED OCT 31 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Registration District No. 23

File No. 105805

Primary Registration District No. 1017 2017

Registered No. .....

Hospital .....

FULL NAME OF CHILD Frances Della Flick

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	— and —	—	Yes	July 17 1922

FATHER		MOTHER	
FULL NAME	Stephen Flick	FULL MAIDEN NAME	Mary Arkins
RESIDENCE	Jerome Ida	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Colorado	BIRTHPLACE	Va.
OCCUPATION	Farmer	OCCUPATION	Work.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:15 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) E D Piper M. D.

(Physician or midwife)

Address Jerome Ida.

Filed Oct 24 1922 E. D. Piper M. D.
Registrar

10% argyrol in Eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 20 1944

753/12-027-437

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

Registration District No. 23

File No. 105806

No. ____ St. 1017

Primary Registration District No. 2017

Registered No. ____

Hospital ____

FULL NAME OF CHILD Charles Clifford Peckham

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	July 12 22

FATHER		MOTHER	
FULL NAME	George Peckham	FULL MAIDEN NAME	Lora McPherson
RESIDENCE	Eden Ida	RESIDENCE	Eden Ida
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

(Signature) E L Berry MD

(Physician or midwife)

Address Hazelton Ida

Filed Oct 24 1922 E. D. Piper M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1 1942

264-204-027-847

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED OCT 27 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

Registration District No. 23

File No. 1058 07

No. ____ St. ____

Primary Registration District No. 1017 2017

Registered No. ____

Hospital ____

FULL NAME OF CHILD Lois May Hughes Boden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	July 6 1922

FATHER		MOTHER	
FULL NAME	Clifford Boden	FULL MAIDEN NAME	ELSIE MAE Hughes
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Berry M D

(Physician or midwife)

Address Hazelton Ida

Given names added from a supplemental report.

19____

Registrar

Filed Oct 24 22 E. D. Piper M. D.

Registrar

105807

1

AFFIDAVIT

State of Idaho)
) ss.
County of Twin Falls)

Elsie Mae Boden, of Hazelton, Idaho, being first duly sworn, deposes and says:-

1- That she is the surviving widow of Clifford Boden, deceased, whose death occurred at Hazelton, Idaho, on January 11, 1938:

2- That she is the mother of Lois Mae Boden who was born on July 4, 1922

3- That her deceased husband was the father of said Lois Mae Boden, whose name appears on the records of the State Bureau of Vital Statistics as Lois MAY Boden through error, which error has only recently been discovered by affiant:

4- That affiant desires that the birth record of said Lois Mae Boden may be corrected by changing the spelling of the middle name from May to Mae.

Elsie Mae Boden.

Subscribed and sworn to before me this 6 day of April, 1938.

Samuel E Vance Jr.
Notary Public for Idaho
Residing at Hazelton
My Commission Expires Feb. 2, 1939.

AUG 17 1948

AUG 7 1947

689-212-027-667

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105808

County of Jerome

City of Hazelton

No. ..... St.

Registration District No. 23

Primary Registration District No. 1017 2017

File No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Freda Whitzel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f				Yes	June 12 1922

FATHER	MOTHER
FULL NAME Harry Whitzel	FULL MAIDEN NAME Bessie Fox
RESIDENCE Hazelton Ida	RESIDENCE Hazelton
COLOR wh.	COLOR wh
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Nebr.	BIRTHPLACE Nebr.
OCCUPATION farmer	OCCUPATION House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 20/H M. on the date above stated.

(Signature) E. L. Berry M D

(Physician or midwife)

Address Hazelton Ida

Filed Oct 24 1922 E. D. Piper M. D. Registrar

Credited Exp

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

DEC 12 1963

391-205-028-465

[redacted] F BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105809

County of Kootenai
City of Harrison
No. — St.
Hospital Sakiewiew

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

Registration District No. 126 File No. 7
Primary Registration District No. 2204 Registered No. 12

FULL NAME OF CHILD Clev Hope Crabtree
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 5 1922

What bactericidal solution was used in eyes? Ac Boric

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ross C Crabtree	FULL MAIDEN NAME	Audry Jones
RESIDENCE	Springston	RESIDENCE	Springston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Neb	BIRTHPLACE	Utah
OCCUPATION	Com Sabor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney
M.D
(Physician or midwife)

Address Harrison Ida

Filed 11-1 1922 J M Finney
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-112-028-236

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

~~County of~~ Kootenai

City of Rose Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105810

Registration District No. 126 File No. 7

Primary Registration District No. 2204 Registered No. 13

FULL NAME OF CHILD James Elmer Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Oct 12 1922

FATHER		MOTHER	
FULL NAME	John D. Thomas	FULL MAIDEN NAME	Evelyn E. Scott
RESIDENCE	Rose Lake	RESIDENCE	Rose Lake
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Cleveland, Ohio	BIRTHPLACE	Walworth County, South Dakota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rose Lake, Ida

Filed 11-1 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1954

16-B-217-028-419

375

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105811

County of Kootenai

City of Harrison

No. ____ Registration District No. 126 File No. 7

Hospital Lakeview Primary Registration District No. 2204 Registered No. 14

FULL NAME OF CHILD Ruth Elaine Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	9-17-192

What bacteriecidal solution was used in eyes? Ag Boric

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME	O. P. Johnson	FULL MAIDEN NAME Kairam Martenson
RESIDENCE	Blackfoot Ida	RESIDENCE Blackfoot Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	45	43
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Log Contractor	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tenney M.D.
(Physician or midwife)

Address Harrison Ida

Filed 10-1 192 2 J. M. Tenney
Registrar

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1943

238-224-028-756

MAIL OR DELIVER THIS CERTIFICATE TO YOUR LOCAL REGISTRAR, NOT TO THE STATE BOARD OF HEALTH.

PLACE OF BIRTH IDAHO ~~[illegible]~~ State Board of Health Record No. 105812

County of KOOTENAI RECEIVED OCT 17 1922 BUREAU OF VITAL STATISTICS

City or Town of Bst Falls

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registered No.

Registration Dist. No. (No. , St.; Ward)

FULL NAME OF CHILD Jean Evelyn Schlimmer (If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	yes	Aug 24, 1922 (Month) (Day) (Year)

	FATHER	MOTHER
Full Name	Gustave R Schlimmer	Leila R Georg
Residence	Ruff	Ruff
Color	White	White
Age at last Birthday (Years)	27	25
Birthplace (State or Country)	Russia	Iowa
Occupation	Grain Buyer	Housewife

Number of child of this mother 1

Number of children, this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was {born alive / ~~stillborn~~} † and that it occurred on Aug 24, 1922, at 59 A.M.

(Signature) Reg By Len Thompson

Odessa Ill

(Physician or ~~Midwife~~)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

Registrar.

Address

Filed Oct 17, 1922 F W Almond State Registrar.

† Indicate which by drawing line through superfluous word.

OCT 5 1922

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

Dup of 22-230175

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Post Falls

Street: .....

County: Kootenai

File Number: 105812

Registration Dist. No. .....

Date of Birth: August 24th 1922

Sex of Child: Female

Father: Gustave Robert Schlimmer (Full Name)

Mother: Leila Rae Schlimmer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jean Evelyn Schlimmer

Child's Name in Full

Gustave Robert Schlimmer

Signature of Father ~~or Mother~~

249-109-028389

PLACE OF BIRTH

RECEIVED NOV 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

105813

County of Kootenai

City of Coeur d Alene

Registration District No. 30

File No.

No. St.

Primary Registration District No. 1051

Registered No. 1406

Hospital

FULL NAME OF CHILD

Sex of Child: Male. | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes. | Date of Birth: 10 (Month) - 9 (Day) 1922 (Year)

FATHER

FULL NAME: James P. Smith

RESIDENCE: Coeur d Alene.

COLOR: White AGE AT LAST BIRTHDAY: 22. (Years)

BIRTHPLACE: Wis.

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Beulah Lyres.

RESIDENCE: Coeur d Alene

COLOR: White AGE AT LAST BIRTHDAY: 17. (Years)

BIRTHPLACE: Can.

OCCUPATION: Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

•Given names added from a supplemental report.

(Signature) D D Drennan

(Physician or midwife)

Address Coeur d Alene

Filed Nov. 3 1922 D D Drennan

Registrar

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 19 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number 105813

Registration Dist. No. .....

Sex of Child Male

Date of Birth .....192....

Father ..... (Full Name)

Mother ..... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

955 102028-349

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene

Registration District No. 150/30 File No. 105814

No. ..... St.

Primary Registration District No. 103'0 Registered No. 1405

Hospital .....

FULL NAME OF CHILD Frankie Wood, Reed Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.				Yes.	Oct 2, 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank W. Reed.	Lulu T. Turner
RESIDENCE	Coeur d Alene	Coeur d Alene
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	44
BIRTHPLACE	Mich.	New York.
OCCUPATION	Atty.	Home Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan

Mrs Wagner. (Physician or midwife)

Address Coeur d Alene Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed Nov 3. 1922 D D Drennan Registrar

Certified Copy issued Dec. 4, 1940. E.W.

692-110-028-253

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

Registration District No. ..... File No. 105815

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Fisher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	10 (Month) 10 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	W. M. Fisher	FULL MAIDEN NAME	Bernice Selzer
RESIDENCE	Post Falls Ida	RESIDENCE	Post Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Mch.	BIRTHPLACE	Mch.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Cartwright

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Valley Wm.

Filed Nov 3 1922 D D Drenna

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-120-028-863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 30 File No. 105816

Primary Registration District No. 1051 Registered No. 1408

FULL NAME OF CHILD JAMES LESLIE CARNS

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Oct. 20th 1922

FATHER	MOTHER
FULL NAME: James Carns	FULL MAIDEN NAME: Iva Hollingsworth
RESIDENCE: Harrison, Idaho	RESIDENCE: Harrison, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Dakota	BIRTHPLACE: Missouri
OCCUPATION: Woodsman	OCCUPATION: Housewife

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lula A. Mast

Physician (Physician or midwife)

Address Coeur d'Alene, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 3 1922

D. D. Greene Registrar

AUG 6 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 1028-452

[illegible] F BIRTH

[illegible] i

City of Coeur d'Alene

No. Hotel Normoyle St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30

File No. 105817

Primary Registration District No. 1051

Registered No. 1409

FULL NAME OF CHILD ARNOLD LOUIS DIETRICH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct. 24th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter J. Dietrich	FULL MAIDEN NAME	Helen B, Dessery
RESIDENCE	Coeur d'Alene, Idaho	RESIDENCE	Coeur d'Alene, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Chewelah, Washington	BIRTHPLACE	Lewiston, Montana
OCCUPATION	millman	OCCUPATION	housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis H. Most

Physician. (Physician or midwife)

Given names added from a supplemental report.

Address Coeur d'Alene, Idaho.

19

Registrar

Filed Nov. 3 1922 D D Drenne

Registrar

495-129-028-843

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Hooley.

RECEIVED NOV 6 1922

Registration District No. 30 File No. 105818

No. ..... St.

Primary Registration District No. 1050 Registered No. 1410

Hospital .....

FULL NAME OF CHILD Marvin William Dindinger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes.	Oct 29th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur W. Dindinger	FULL MAIDEN NAME	Francis Vivian Hutchins
RESIDENCE	Hooley. Idaho. R1.	RESIDENCE	Hooley. Ida. R1.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22. (Years)
BIRTHPLACE	Pensylvania	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer.	OCCUPATION	House-Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 6 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Herrington Dwd.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Hooley. Idaho.

Filed Nov. 3 1922 D D Drenner

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 11 [illegible] 1965

JUN 3 [illegible]

FEB 27 1962

319-231-028-255

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Kootenai

City of Hooley Ida.

No. ..... St.

Hospital .....

RECEIVED NOV 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 105819

Primary Registration District No. 1030. Registered No. 1411

FULL NAME OF CHILD Melba Louise Cartwright

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes.	Oct (Month) 31st (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Walter O. Cartwright	FULL MAIDEN NAME	Pearl Keeling
RESIDENCE	Hooley Idaho.	RESIDENCE	Hooley Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37. (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Carpenter and Conractor	OCCUPATION	Domestic

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born, alive or stillborn), at 9 45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Hennington, M.D.
(Physician or midwife)

Address Hooley. Idaho.

Given names added from a supplemental report.

..... 19....

Registrar

Filed Nov 3, 1922 D W Drenna
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Warley; Street; County Kootenai

File Number 105819

Registration Dist. No. 57-

Date of Birth Oct. 31- 1922

Sex of Child Female

Father Walter O. Cartwright (Full Name)

Mother Pearl Keeling Cartwright (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Melba Louise Cartwright
Child's Name in Full

Pearl Cartwright
Signature of Father or Mother

MAY 16 1951

631-216-0 381

PLACE OF [redacted]

RECEIVED OCT 2[illegible] 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105820

County of La[redacted]

City of Ken[redacted]

No. ..... St. Registration District No. 68 File No. .....

Hospital Home Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Glenna Ruth Flaig
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept. 16 1922

What bactericidal solution was used in eyes? Argyrol 25% Solution

Number of child of this mother, including present birth. One Number of child of this mother now living, including present birth. One

FATHER		MOTHER	
FULL NAME	Fredrick Joseph Flaig	FULL MAIDEN NAME	Josephine Elizabeth Chandler
RESIDENCE	Kendrick, Idaho	RESIDENCE	Kendrick, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Nez Perce	BIRTHPLACE	Kendrick, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Otteraaen
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Kendrick, Idaho.

Filed Oct 10 1922 R. F. Pepper
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1942
OCT 28 1943

244-216-029-719

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

RECEIVED OCT 24 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. 62

File No. 105821

Primary Registration District No. 2142

Registered No. 8

FULL NAME OF CHILD ..... Bumpuss

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fe		Yes	Sept 16 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Claude Harold Bumpuss	FULL MAIDEN NAME	Alice Irene Garside
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 100 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tierney M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 9-21 1922

W. H. Ehlen

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-277-629.795

AMENDED AUG 31 1943

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

RECEIV[redacted]
OCT 24
BUREAU O[redacted]
STATIS[redacted]

STATE OF IDAHO
[redacted]EAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

Registration District No. 62

File No. 105822

Primary Registr[redacted] 2142

Registered No. 7

FULL NAME OF CHILD ..... IRMA Johann

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fe		Yes	Sept 11 1922 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Theodore John Johann	FULL MAIDEN NAME	Thersia Victoria Greiser
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee Idaho
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Genesee Idaho	BIRTHPLACE	Genesee Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..one.. Number of children of this mother now living, including present birth ..one..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ..... at 9 45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Thorry M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9-21 1922 W. Johann

Registrar

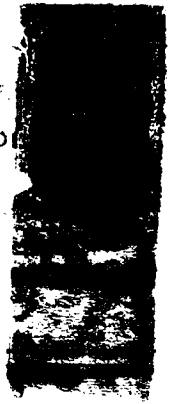
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AMENDED NOTATION ADDED TO
CERT FACE 10/16/2014-KA



014

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Latah }

Certificate No. 105822

AUG 27 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Irma Johann (Name on Original Certificate) who was born (Was Born or Died) on Sept. 11, 1922 (Date of Event)
in Genesee, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Sep. 11 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Irma Johann
Place	not given	Genesee, Idaho

Subscribed and sworn to before me this 21
day of August 1943

Georgia S. Klindworth
Notary Public, residing at Connell, Wash.
My commission expires July 11, 1947
(Seal)

Signed Mrs Ted Johann
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.
County of Latah }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of August, 1943

Notary Public, residing at Genesee Idaho
My commission expires Oct 15-1944
(Seal)

Signed Mrs Anna B. Grieser
(Signature of Any Credible Person Other Than Previous Year)

Genesee Idaho
(Street Address, City, State)

AUG 3 1 1948

331-105-029-813

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

RECEIVED
OCT 24 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 62 File No. 105823

Primary Registration District No. 2142 Registered No. 6

FULL NAME OF CHILD Chas Eston Clark

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept 5 1922 (Month) (Day) (Year)
M			

FATHER		MOTHER	
FULL NAME	Chas. B. Clark	FULL MAIDEN NAME	Mollie Hall
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W AGE AT LAST BIRTHDAY 50 (Years)	COLOR	W AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE	N C	BIRTHPLACE	N C
OCCUPATION	Farmer	OCCUPATION	Housecarte

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Ehrn

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9-5 1922 W. H. Ehrn

Registrar Registrar

...SERVED FOR BINDING

... WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, .../..../....

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Genesee

Place of Birth — Street: .....

Place of Birth — County: Latah

File Number: 105823

Registration Dist. No.: 1

Sex of Child: Male

Date of Birth: Sept. 5 1922

Father: Chas. B. Clark. (Full Name)

Mother: Mollie E. Clark. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Chas. Elston Clark. (Child's Name in Full)

Mrs. Chas. B. Clark. (Signature of Father or Mother)

APR 27 1943

12-15-44

313.120 - 22-315

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105824

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

County of Latah

City of Potlatch

Registration District No. 65 File No.

No. St.

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Richard Dean Talbott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	yes	Sept. 20 1922

FATHER		MOTHER	
FULL NAME	Charles G. Talbott	FULL MAIDEN NAME	Bessie E. Cannon
RESIDENCE	950 Pine	RESIDENCE	950 Pine
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	W. Virginia	BIRTHPLACE	North Carolina
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 05 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Dr. Jno. Thompson M.D.

(Physician or midwife)

Address Potlatch Idaho

Filed Oct. 4th 1922

Dr. J. W. Thompson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105324

MAY 25 1942

PLACE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
	(To be answered only in event of plural births)				

FATHER	MOTHER
FULL NAME	FULL MAIDEN NAME
RESIDENCE	RESIDENCE
COLOR	COLOR
AGE AT LAST BIRTHDAY (Years)	AGE AT LAST BIRTHDAY
BIRTHPLACE	BIRTHPLACE
OCCUPATION	OCCUPATION

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) M

on the date above stated.

When there was no attending physician or midwife than the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed _____ Registrar

Registrar

294-112-029-765

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED OCT 21 192 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

105825

County of Latah City of Princeton District No. 65 File No.

No. St.

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Laverne Eugene Simmons

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Aug 12 1922

FATHER	MOTHER
FULL NAME Thomas J Simmons	FULL MAIDEN NAME Lena Connor
RESIDENCE Princeton	RESIDENCE Princeton
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Missouri
OCCUPATION Teacher	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

(Signature) Dr. J.M. Thompson
M.D.
(Physician or midwife)

Address Potlatch

Filed Sept. 8th 19 22 Dr. J.M. Thompson Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 10 1941

631-121-029-719

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

OCT 24 1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. 9010 Lynch St.

Registration District No. 65 File No. 105826

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD (Not named.) Parker Bernard Flasher

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	✓		✓	yes.	Sept. 21st 1922

FATHER

FULL NAME: Leslie G Flasher.

RESIDENCE: Potlatch

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: Clerk.

MOTHER

FULL MAIDEN NAME: Frances E. Parker.

RESIDENCE: Potlatch

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Minnesota

OCCUPATION: Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 7:54 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J.W. Thompson M.D.

(Physician or midwife)

Address Potlatch - Idaho

Given names added from a supplemental report.

19

Registrar

Filed Sept 23rd 1922

Dr J.W. Thompson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9[illegible]-039-213

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105827

OCT 1922
BUREAU OF VITAL STATISTICS

Registration District No. 65 File No. .....

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD (KATSUO) Katsuo Matsunaga

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes.	Sept. (Month) 11th (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Katsumi Matsunaga	FULL MAIDEN NAME	Nobu ~~[illegible]~~ SATO.
RESIDENCE	Potlatch. 125-8th St.	RESIDENCE	Potlatch.
COLOR	yellow	COLOR	white.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Japan.	BIRTHPLACE	Japan.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson.

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Potlatch. Idaho.

Filed Sept. 15th 1922. Dr. J. W. Thompson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-102-029213

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105828

County of Latah

City of Potlatch Registration District No. 65 File No.

No. 945 Pine St.

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Wesley Silas Nearing

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Sept 3 1922

FATHER	MOTHER
FULL NAME Charles Ira Nearing	FULL MAIDEN NAME Effie Layah Kathern
RESIDENCE 945 Pine Potlatch Ida	RESIDENCE Potlatch Ida
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Misc	BIRTHPLACE Misc
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest J Henry MD

(Physician or midwife)

Address Potlatch Ida

Given names added from a supplemental report.

19

Registrar

Filed Sept 20th 1922 Dr. J.W. Thompson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

911-208-029-655

RECEIVED
OCT - - 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105829

County of Latah

City of Princeton Registration District No. 65 File No.

No. — St.

Primary Registration District No. 2145 Registered No.

Hospital —

FULL NAME OF CHILD Naomi Lily Rajkovich

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	✓	✓	yes	Sept. 8th 1922

	FATHER	MOTHER
FULL NAME	Philip S. Rajkovich	FULL MAIDEN NAME Lillie May Henderson
RESIDENCE	Princeton	Princeton
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	18 (Years)
BIRTHPLACE	Kabar, Croatia	Longdon, Mo.
OCCUPATION	Labor man	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 6 15 A.M. on the date above stated.

(Signature) Dr. Jno. Thompson
M.D.
(Physician or midwife)

Address P.O. Clarck

Filed Oct. 4th 1922. Dr. Jno. Thompson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1942

JUN 2 2 1953

296-216-029-493

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED 1922 BU VITAL

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. 710 Cedar St.

Registration District No. 165 File No. 105830

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Angie May Brown

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Sept 16 1922

FATHER		MOTHER	
FULL NAME	Guy Roscoe Brown	FULL MAIDEN NAME	Julia Caroline Dickinson
RESIDENCE	Potlatch Ida	RESIDENCE	Potlatch Ida
COLOR	white	COLOR	
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Washington
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1459 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest S Stein MD
(Physician or midwife)

Address Potlatch Ida

Given names added from a supplemental report.

19

Registrar

Filed Oct 1st 1922. J. H. Thompson M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 1972

MAR 15 1943

866-216-029-168

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of

Registration District No. 65 File No. 105831

No. St.

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Nila Adeline Howard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Sept (Month) 16 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Thomas Howard	FULL MAIDEN NAME	Emma Johnson
RESIDENCE	Latah Co	RESIDENCE	Latah Co.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Rear - repairer	BIRTHPLACE	Iowa
OCCUPATION	Mich.	OCCUPATION	House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E J Hein

(Physician or midwife)

Given names added from a supplemental report.

19

Address Pablatch Ida.

Registrar

Filed Oct. 1st 1922 Dr. J. W. Thompson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 23 1964

864-109-029-29

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105832

County of Latah

City of Moscow

No. ____ St.

Registration District No. 61 File No. ____

Hospital ____ Primary Registration District No. 219 Registered No. 113

FULL NAME OF CHILD Edward Linden Hodge
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept. 8 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edward Lindsey Hodge	FULL MAIDEN NAME	Dora Ethel Brantner
RESIDENCE	Moscow, Idaho R.F.D. 2	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was now alive, at 10:25 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Underwood
Physician
(Physician or midwife)

Address Moscow, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 30 1922 W. H. Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/19/41 L. B.

DEPARTMEN... ...AHO ... C WELFARE

...daho ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Moscow
- Street: R# 1
- County: Latah

File Number: 105832

Registration Dist. No. .....

Date of Birth: Sept 8. 1922

Sex of Child: Male

Father: Edward Linden Hodge
Full Name

Mother: Dora Ethel Brantner
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Edward Linden Hodge
Child's Name in Full

Edward L. Hodge
Signature of Father or Mother

512-123-029-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105833

County of Latah
City of Moscow
No. 120 So Main St.
Hospital The Gritman

Registration District No. 61
File No.
Primary Registration District No. 1011
Registered No. 146

FULL NAME OF CHILD ORVILLE LEE VASSAR
(Certificate of no value without full name of child.)

Sex of Child Male
Twin Triplet or other? and Number in order of birth
(To be answered only in event of plural births)
Legitimate? Yes
Date of birth Sept. 23 1922
(Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol Nitrate 1%

Number of child of this mother, including present birth 2
Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Luther Levi Vassar	FULL MAIDEN NAME	Malinda Louella Miller
RESIDENCE	Palouse, Wash	RESIDENCE	Palouse, Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
Physician
(Physician or midwife)

Address Moscow, Idaho

Filed Sept 30 1922 W H Carithers
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Whitman }

Certificate No. 105833

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for none (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Sept. 23, 1922 (DATE OF EVENT)
in Moscow, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Orville Lee Vassar

Subscribed and sworn to before me this 21st
day of November, 1942.

Notary Public, residing at Palouse Wn

My commission expires May 20, 1943.
(SEAL)

Signed Luther Vassar
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.) Father

RFD 3 Palouse, Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Whitman }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24
day of Nov, 1942

Notary Public, residing at Palouse

My commission expires Apr 7-1945
(SEAL)

Signed Joseph Tuth
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

NOV 30 1942

271-214-029-815

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Latah

City of Moscow

No. 245 N. Washington St. Registration District No. 61 File No.

CERTIFICATE OF BIRTH 105834

Hospital Primary Registration District No. 1011 Registered No. 133

FULL NAME OF CHILD Hazel Hanna Sparks
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Sept. 14 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Arg. Nitrate Solution 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Grant Lovern Sparks	FULL MAIDEN NAME	Florence Hanna
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Illinois
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C O Armstrong
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Moscow, Idaho

Filed Sept 20 1922 W. H. Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-210-029-495

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Registration District No. 61 File No. 105835

Hospital ..... Primary Registration District No. 1011 Registered No. 134

FULL NAME OF CHILD Myrle E. Larson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Sept 10 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Allen K. Larson	FULL MAIDEN NAME	Nancy Mindrel
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Am. Fork Utah	BIRTHPLACE	Freedonia Ariz.
OCCUPATION	Student	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Magee
Physician
(Physician or midwife)

Address Moscow

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 12 1922 W. H. Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 20 1952

038-214-029-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105836

County of Latah
City of Moscow
No. 710 So Main St.
Hospital The Gritman
Registration No. 61
Primary Registration District No. 1911
File No.
Registered No. 135

FULL NAME OF CHILD Mary Elizabeth Schmitz
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 14 1922

What bacteriocidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Henry Schmitz	FULL MAIDEN NAME	Melba Nelson
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Seattle Wash.	BIRTHPLACE	St. Louis, Mo.
OCCUPATION	Prof. of Forestry. U of I	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:08 P. M. on the date above stated.

(Signature) Chas. L. Gritman
Physician
(Physician or midwife)
Address Moscow Idaho

Filed Sept 20 1922 W. H. Carothers
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 13 1951

993-118-029-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105837

County of Latah
City of Moscow
No. ____ St.
Registration District No. 61
File No. ____
Hospital Inland Empire
Primary Registration District No. 1011
Registered No. 136

FULL NAME OF CHILD Estel Laird Clark Richardson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 18 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Laird Matthew Richardson	FULL MAIDEN NAME	Lydia Emmaline Clark
RESIDENCE	Juliaetta Ida	RESIDENCE	Juliaetta Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Oregon City Oregon	BIRTHPLACE	Juliaetta Ida
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Address Moscow, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 9/30 1922 W H Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-227-029-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 105838

County of Latah

City of Moscow

No. ..... St.

Registration District No. 61

Hospital Inland Empire

Primary Registration District No. 1011

Registered No. 137

FULL NAME OF CHILD Lola Jean Black

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Sept 27 1922

What bactericidal solution was used in eyes? Argyrol Sol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Fredrick Black	FULL MAIDEN NAME	Mable G Nelson
RESIDENCE	Palouse Wash R 710	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Neb	BIRTHPLACE	Minn
OCCUPATION	farming	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:17 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carruthers

Physician (Physician or midwife)

Address Moscow

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Sept 28 1922 W. H. Carruthers Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 13 1958

FEB 29 1944

418-27-029-65-9

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 105839

County of Latah
City of Moscow
No. 720 So Main St.
Hospital The Gritman
Registration District No. 61
Primary Registration District No. 1011
Registered No. 1144

FULL NAME OF CHILD Charles Mark Maynard
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept. 27 1922

What bactericidal solution was used in eyes? Argyrol Nit 1%

Number of child of this mother, including present birth
Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Mark Kenneth Maynard	FULL MAIDEN NAME	Minona Bell Ferguson
RESIDENCE	Colton, Wash.	RESIDENCE	Colton, Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Colton, Wash.	BIRTHPLACE	Colton, Wash.
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas L. Gritman
Physician
(Physician or midwife)
Address Moscow, Idaho.

Give names added from a supplemental report.

....., 19.....

Filed Sept. 30 1922 W H Carothers
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1953

FORM V. S. NO. 5M-12-1

STATE OF I[illegible]

BOARD OF HEALTH--BUREAU [illegible]F VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

105839

Place of Birth
- City: Moscow
- Street and House No.: Gritman Hosp.
- County: Latah

Registered No. 144

Registration Dist. No. 61

Sex of Child: Male

Date of Birth: Sept (MONTH) 27 (DAY) 1922 (YEAR)

Father: Mark Kenneth Maynard (FULL NAME)

Mother: Winona Belle Ferguson (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Charles Edward Maynard (GIVEN NAME IN FULL / SURNAME)

as reported by Mark K Maynard (FATHER OR MOTHER)

N H Carithers (LOCAL REGISTRAR)

MARGIN RESERVED FOR BINDING

573-112-029-259

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. W. 6th St.

Registration District No. 61

File No. 105840

Hospital

Primary Registration District No. 1011

Registered No. 142

FULL NAME OF CHILD Harry Eugene Egland
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept. 12 1922

What bactericidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry Edward Egland	FULL MAIDEN NAME	Etta May Knight
RESIDENCE	Moscow, Ida.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Hsw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Address Moscow, Ida.

Filed Sept 30 1922 W H Carithers
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-220-029-964

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 829 W 6th St.

Registration District No. 61 File No. 105841

Hospital

Primary Registration District No. 1011 Registered No. 141

FULL NAME OF CHILD Jean Hortense Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		yes	Sept 20 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Otis Wm. Smith	FULL MAIDEN NAME	Lois Jannita Rodgers
RESIDENCE	Moscow Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Kansas	BIRTHPLACE	Ida.
OCCUPATION	Mill worker	OCCUPATION	Hswife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:55 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Tilchrist
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Moscow Idaho

Filed Sept 30 1922 W. H. Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553 224 029 455

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Latah

City of Moscow

No. 120 So Main St.

Hospital The Gritman

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105842

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 138

FULL NAME OF CHILD Pauline Elaine Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept. 24 1922

What bactericidal solution was used in eyes? Argyrol Mt. 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Fredolph Leonard Nelson	FULL MAIDEN NAME	Hannah Deudora Nelson
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Moscow, Idaho.	BIRTHPLACE	Minnesota
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:28 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
Physician
(Physician or midwife)

Address Moscow, Idaho.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed Sept 30 1922 W. H. Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ... NOV. ..... 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moscow

Street: 503 East 8th.

County: Latah

File Number: 105642

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Sept. 24 1922

Father: Fuedolph Leonard Nelson (Full Name)

Mother: Hannah Alendora Peterson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Pauline Elaine

Child's Name in Full

Fuedolph L. Nelson

Signature of Father or Mother

-693-28-029-239

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

61 105843

County of Latah

City of Moscow

No. 322 S. Polk St. Registration District No. File No.

Hospital Primary Registration District No. 1011 Registered No. 140

FULL NAME OF CHILD Alvin Virgil Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 28 1922

What bactericidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Ray Alvin Williams	FULL MAIDEN NAME Minnie Stalwell
RESIDENCE Moscow Ida	RESIDENCE Moscow Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE S. Dak.	BIRTHPLACE New York
OCCUPATION Truck driver	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:25 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Address Moscow, Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Sept 30 1922 N. H. Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/5/41 rmf

154-222-029-395

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah
City of Moscow
No. ..... St.
Hospital
Registration District No. 61
Primary Registration District No. 2141
File No. 105844
Registered No. 139

FULL NAME OF CHILD Harriet Madeleine Marie Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.			Yes	Sept 22 1922

What bactericidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Clarence Floyd Anderson	FULL MAIDEN NAME	Hilma Mabel Lungquist
RESIDENCE	Moscow, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Moscow, Idaho	BIRTHPLACE	Moscow, Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:20 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)
Address Moscow, Idaho

Filed Sept 30 1922 N. H. Saunders
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 12 19
BUREAU OF VITAL STATISTICS

IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moscow — Street: — County: Latah

File Number: 105-844

Registration Dist. No.: 61

Sex of Child: Female

Date of Birth: Sept. 22, 192[illegible]

Father: Clarence Hoyt Anderson (Full Name)

Mother: Helma Mabel Swanquist (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Harriet Madeline Marie Anderson
Child's Name in Full

Helma Anderson
Signature of Father or Mother

415-123-029-154

PLACE OF BIRTH

County of Latah

City of Moscow

No. R.D. St.

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 105845

Hospital Primary Registration District No. 2141 Registered No. 145

FULL NAME OF CHILD (Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 23 1922

What bactericidal solution was used in eyes? Boric acid Solution

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth: 6

FATHER		MOTHER	
FULL NAME	George Dana	FULL MAIDEN NAME	Ethel Anderson
RESIDENCE	Moscow, Idaho. R.D.	RESIDENCE	Moscow, Idaho. R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gutman

Physician (Physician or midwife)

Address Moscow Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Sept 30 1922 N. H. Carothers

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

454-105-029-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Registration District No. 61 File No. 105846

Hospital —

Primary Registration District No. 2141 Registered No. 132

FULL NAME OF CHILD Raymond Demo
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)	Yes	5 Sept 1922

What bactericidal solution was used in eyes? No

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Silvio Demo	FULL MAIDEN NAME	Ella Carlson
RESIDENCE	Oakland Cal	RESIDENCE	Oakland Cal
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Italy	BIRTHPLACE	Hope N.D.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Nagel
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Moscow

Filed Sept 7 1922 W. H. Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4KS-1071-029-154

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61

File No. 105847

Primary Registration District No. 2141

Registered No. 131

Full Name of Child Carl G. Dunn

SEX OF CHILD: Male

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? yes

DATE OF BIRTH: Aug 7 1922 (Month) (Day) (Year)

FATHER

FULL NAME: E. M. Dunn

RESIDENCE: Moscow

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Minn

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Helga M. Anderson

RESIDENCE: Moscow

COLOR: white AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: S. D.

OCCUPATION: Home work

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clark

(Physician or ~~midwife~~)

Address Moscow

Given names added from a supplemental report

..... 19....

K

Registrar

Filed Sept 10 1923 W. H. Carruthers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RE... OCT 21 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61

Primary Registration District No. 2141

File No. 105848

Registered No. 130

Full Name of Child Bettie Vogt

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Aug (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Wm Vogt	FULL MAIDEN NAME	Eva Forest
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address Moscow

Filed Sept 10 1922 W. H. Carothers

Registrar

[redacted]

FEB 3 1967

MAY 2 0 1943

APR 30 19[illegible]

319-205-029-55

PLACE OF BIRTH

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Registration District No. 64 File No. 105849

Hospital ..... Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Ethel Ivy Carlson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 5 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Oscar H Carlson	FULL MAIDEN NAME	Esther L. Nelson
RESIDENCE	Troy, Idaho	RESIDENCE	Troy.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Illinois	BIRTHPLACE	S. Dak
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R G Nelson, M D
(Physician or midwife)

Address Troy Ida

Filed Oct 31 1922 Lucy M Pickerd
Registrar.

Give names added from a supplemental report.

Oct 31 1922
Lucy M Pickerd
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-203-029-869

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105850

County of Latah

City of Kendrick

Registration District No. 2147 File No. 7

No. ..... St.

Primary Registration District No. 67 Registered No. 11

Hospital .....

FULL NAME OF CHILD Erma Jones

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	yes.	9-3-1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. W. Jones	FULL MAIDEN NAME	Myrtle Horton
RESIDENCE	Kendrick R. 2	RESIDENCE	Kendrick R. 2
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Nebr.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

9-9 1922

Address Deary

P. C. Faust Registrar

Filed 9/9 1922 P. C. Faust Registrar

K

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
DEC 8 1922
BUREAU OF VITAL STATISTICS

1922 ..... 192...

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Latah

File Number 105850

Registration Dist. No. .....

Sex of Child Female

Date of Birth Sept 3rd 192 2

Father Albert Walter Jones (Full Name)

Mother Myrtle Julia Horton (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Erma Jones
Child's Name in Full

Mrs Myrtle Jones
Signature of Father or Mother

DEC 1 1943

912-106-029-851

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Latah

City of Deary

No. ..... St.

Hospital .....

REC... NOV 4 ... BUREAU ... STATISTICS

CERTIFICATE OF BIRTH 105851

Registration District No. 2147 File No. 7

Primary Registration District No. 67 Registered No. 12

FULL NAME OF CHILD Cecil Ward Rasmusson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	yes	9 (Month) – 6 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. W. Rasmusson	FULL MAIDEN NAME	Ceola Head
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Nebr
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

9-9 1922

P. C. Faust
Registrar

Address Deary

Filed 9/9 1922 P. C. Faust
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

957-118-029-294

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105852

County of Latah

City of Kendrick R. 2. Registration District No. 2147 File No. 7

No. ..... St.

Hospital ..... Primary Registration District No. 67 Registered No. 13

FULL NAME OF CHILD Leroy David Ingle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
M.		1	Yes	9 (Month) 17 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME H. L. Ingle	FULL MAIDEN NAME Emma Brunty
RESIDENCE Kendrick R. 2	RESIDENCE Kendrick R 2
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Ill.
OCCUPATION Farmer	OCCUPATION Hse

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:55a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Deary

Filed 9/19 1922 P. C. Faust
Registrar

9/19 1922 P. C. Faust
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 17 1922 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED NOV 1922 BUREAU OF VITAL STATISTICS

Place of Birth: City Kendrick R 2, File Number 105852

Street

County Latah

Registration Dist. No.

Date of Birth Sept 18 192 2

Sex of Child Male X

Father H. Leon Ingle (Full Name) Mother N. Emma Brunty (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Daryl David Ingle

Child's Name in Full

Mrs. Leon Ingle

Signature of Father or Mother

MAY 25 1942

291-209: 029-234

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105853

County of Latah

City of Avon R.F.D.

Registration District No. 2147 File No.

No. St.

Primary Registration District No. 67 Registered No. 14

Hospital

FULL NAME OF CHILD Mavel Fern Brannon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	and	2	yes	Oct. 9 1922

FATHER	MOTHER
FULL NAME Henry Brannon	FULL MAIDEN NAME Clara Sturman
RESIDENCE Avon R. 1.	RESIDENCE Avon R.1
COLOR W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Ida.
OCCUPATION farmer	OCCUPATION H.W.

Number of children of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust
Physician
(Physician or midwife)

Given names added from a supplemental report.

10-10 1923

P. C. Faust
Registrar

Address O'Leary.

Filed 10/10 1922 P. C. Faust
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K.

JUL

DECLASSIFIED

418-23-029-743

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105854

County of Latah

City of Moscow

No. 720 So Main St.

Hospital The Gritman

RECEIVED NOV 8 1922 BUREAU OF VITAL STATISTICS

Registration District No. 61

Primary Registration District No. 1011

File No.

Registered No. 155

FULL NAME OF CHILD Frances Anna Dahm

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct. 13 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Thomas Matthew Dahm	FULL MAIDEN NAME	Cora Maud Guthrie
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Chicago, Ill.
OCCUPATION	Prof of Physics U of I.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:15 AM M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

Physician

(Physician or midwife)

Address Moscow, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 20 1922 W H Lauthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 - 1954

49-117-029-469

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 8, 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah — Registration District No. 61 — File No. 105855

City of Moscow

No. 720 So. Main St.

Hospital The Gritman — Primary Registration District No. 1011 — Registered No. 157

FULL NAME OF CHILD William Morgan Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct. 17 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 1 — Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Earl Baxter Smith	FULL MAIDEN NAME	Pearl Morgan
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Boise, Idaho.	BIRTHPLACE	Moscow, Idaho.
OCCUPATION	Accountant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12:22 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
Physician
(Physician or midwife)

Address Moscow Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 20 1922 N. H. Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 12 1965

893-216-029-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105856

RECEIVED NOV 8 1922 BUREAU OF VITAL STATISTICS

County of Latah

City of Moscow

No. 80 Jefferson St. Registration District No. 61 File No.

Hospital Primary Registration District No. 1011 Registered No. 156

FULL NAME OF CHILD Clay Lewis Hill

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 16 192 2

What bactericidal solution was used in eyes? Ag. No. 3 1%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Levi Hill	FULL MAIDEN NAME	Clara Baldridge
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	2[illegible] (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Iowa
OCCUPATION	Lumberman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:50 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Armstrong
Physician
(Physician or midwife)

Address Moscow, Idaho.

Give names added from a supplemental report.

....., 19.....

Filed Oct 20 1922 W. H. Garthers
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate returned to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

BUREAU OF VITAL STATISTICS

Place of Birth — City: Moscow

Street: South Jefferson 918

County: Latah

File Number: 105856

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Oct 16 192 2

Father: Levi Jefferson Hill (Full Name)

Mother: Clara Baldridge (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elery Lewisa Hill

Child's Name in Full

.....

Signature of Father or Mother

154-213-029-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105857

County of Latah
City of Moscow
No. 710 So Main
Hospital The Gritman

RECEIVED NOV [illegible] BUREAU OF VITAL STATISTICS

Registration District No. 61
Primary Registration District No. 611
File No.
Registered No. 154

FULL NAME OF CHILD Marian Madeline Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 13 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Raymond Anderson	FULL MAIDEN NAME	Glenna Browning
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Rexburg, Idaho	COLOR	White
OCCUPATION	Electrician	AGE AT LAST BIRTHDAY (Years)	29
		BIRTHPLACE	Ogden, Utah.
		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:00 a. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
Physician
(Physician or midwife)
Address Moscow, Idaho.

Filed Oct 20 1922 N H Loavithers
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 0 2008

851-205-029-359

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. Wk + Jackson St.

Registration District No. 61

File No. 105858

Hospital Inland Empire

Primary Registration District No. 1011

Registered No. 152

FULL NAME OF CHILD Norma Marie Headrick
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 5 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ralph Alonza Headrick	FULL MAIDEN NAME	Mildred Mearle Leininger
RESIDENCE	Moscow R F D	RESIDENCE	Moscow R F D
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil Martha Gilchrist
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address

Filed Oct 6 1922 M H Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-103-029-814

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

Registration District No. 61

Primary Registration District No. 1011

File No. 105859

Registered No. 150

FULL NAME OF CHILD Peter Butterfield
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct. 3 1922

What bactericidal solution was used in eyes? Argyrol Mt 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Rolston Samuel Butterfield	FULL MAIDEN NAME	Leone Hamilton
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Horicon, Wis.	BIRTHPLACE	Seattle Wash.
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:25 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
Physician
(Physician or midwife)

Address Moscow, Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed Oct 5 1922 W H Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/2/41 L. B.

NOV 16 1966

394/26 c 029-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105860

County of Latah

City of Moscow

No. 315 E 5th St. Registration District No. 61 File No.

Hospital Primary Registration District No. 1011 Registered No. 158

FULL NAME OF CHILD Everett Branson Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 26 1922

What bacteriolidal solution was used in eyes? Argyrol 25-%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James Everett Branson	FULL MAIDEN NAME	Cordelia S. Johnson
RESIDENCE	Moscow, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:45 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Filchuck
Physician
(Physician or midwife)

Address Moscow, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Oct 30 1922 M H Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 14 1943

394-205-029-295

PLACE OF BIRTH

RECEIVED NOV 3 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Registration District No. 61 File No. 105861

Hospital ..... Primary Registration District No. 2141 Registered No. 147

FULL NAME OF CHILD Elsie R. Crosier
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Sept 5 1922

What bactericidal solution was used in eyes? Silver Nit

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	R. D. Crosier	FULL MAIDEN NAME	Mary E. Bingham
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 5 - a - M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Oct 15 1922 W H Barthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 1948

813-226-029-689

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105862

County of Latah

City of Moscow

No. Rural St.

Hospital

RECEIVED NOV 8 1922

Registration District No. 61

File No.

Primary Registration District No. 1011

Registered No. 159

FULL NAME OF CHILD Frances Estelle Hall
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	October 26 1922

What bactericidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 4 Ny Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Evan S. Hall	FULL MAIDEN NAME	Ruth Ellen Whisler
RESIDENCE	Moscow, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Kentucky	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Hswife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Address Moscow, Idaho

Filed Oct 30 1922 M H Carithers
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moscow

Street:

County: Latah

File Number: 105862

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Oct. 26 1922.

Father: Evan S. Hall
Full Name

Mother: Ruth Ellen Whisler
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Frances Estelle Hall
Child's Name in Full

Ruth E. Hall
Signature of Father or Mother

632-118-029-154

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

RECEIVED NOV 8 1922

No. ..... Registration District No. 61 File No. 105863

Hospital ..... Primary Registration District No. 2141 Registered No. 148

FULL NAME OF CHILD John W. Olsen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept 18 1922

What bactericidal solution was used in eyes? Nit Silver

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	J. A. Olsen	FULL MAIDEN NAME	Matilda Anderson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white AGE AT LAST BIRTHDAY 43 (Years)	COLOR	white AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 - a - M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke
(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Moscow

Filed Oct 15 1922 M H Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-121-029-119

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 3 1922

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 105864

Primary Registration District No. 2141 Registered No. 149

FULL NAME OF CHILD Lyman Lucas Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept 26 1922

What bactericidal solution was used in eyes? Nit Silver

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lyman Lucas	FULL MAIDEN NAME	Ethel Jarrett
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	S. D.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home Make

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5-P ..... M. (Born alive or stillborn) on the date above stated.

(Signature) J. U. Clark

(Physician or ~~midwife~~)

Address .....

Filed Oct 15 1922 M Hawthorne
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 4 1968

APR 22 1968

JUN 26 1942

586-104-029-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 8 1922

CERTIFICATE OF BIRTH

County of Latah
City of Moscow
No. ____ St.
Hospital ____

Registration District No. 61
Primary Registration District No. 214

File No. 105865
Registered No. 157

FULL NAME OF CHILD Kenneth David Lyons
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	Oct. 4 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lloyd K. Lyons	FULL MAIDEN NAME	Sylvia Augustte Burch
RESIDENCE	Moscow Ida. Rt 9.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	W. Va.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Hswf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist
(Physician or midwife)

Address Moscow, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 5 1922 W H Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/17/41 RMF

366-209-029-859

PLACE OF BIRTH

County of Latah

City of Moscow

No. RR St.

Hospital

RECEIVED
NOV 8 1922
VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 101 File No. 105866

Primary Registration District No. 2141 Registered No. 153

FULL NAME OF CHILD Verta May Towne
(Certificate of no [illegible] without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct. 9 192.2

What bactericidal solution was used in eyes? Boric Acid Solution

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edgar C. Towne	Irene Heick
RESIDENCE	Moscow, Idaho	Moscow, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	24
BIRTHPLACE	Moscow, Idaho	Moscow, Idaho.
OCCUPATION	Farming	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gutman
Physician
(Physician or midwife)

Address Moscow, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Oct 10 1922 W H Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moscow

Place of Birth — Street:

Place of Birth — County: Latah

File Number: 105866

Registration Dist. No.:

Date of Birth: October 9th 192[illegible]

Sex of Child: Female

Father: Charles Edgar Towne. (Full Name)

Mother: Anna Irene Towne (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Verta May Towne (Child's Name in Full)

A M Charles Edgar Towne (Signature of Father or Mother)

255·114·029·629

PLACE OF BIRTH

S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED NOV 9 1922 BUREAU OF VITAL STATISTICS

County of Latah

City of Bovill

Registration District No. 40 File No. 105867

No. St.

Primary Registration District No. 2146 Registered No.

Hospital Bovill Host

FULL NAME OF CHILD Jack Vernon See

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Vernon Alfred See	FULL MAIDEN NAME	Marion Madeline O'Brien
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Michigan
OCCUPATION	Clerk	OCCUPATION	H.W.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 - P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

____ 19__

Address Bovill Idaho

Registrar

Filed 10/20 1922 Mrs F. C. Gibson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-121-029-994

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

105868

County of Latah

City of Bovill Registration District No. 66 File No. 27

No. ..... St.

Hospital Bovill Hosp Primary Registration District No. 2146 Registered No. .....

FULL NAME OF CHILD Roberta Francis Perner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Oct. 21 1922

	FATHER	MOTHER
FULL NAME	Francis Merle P	FULL MAIDEN NAME Lucille Burnice Robinson
RESIDENCE	Bovill Idaho	RESIDENCE Bovill Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Bryants Ky	BIRTHPLACE Hallock Minn
OCCUPATION	Laborer Coal Yard	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.30 A M. on the date above stated.

(Signature) F. C. Gibson

Physician

(Physician or midwife)

Address Bovill Idaho

Filed Oct 30 1922 Mrs F C Gibson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETUEN must be made for each and the number of each, in order of birth stated.

[redacted]

466-116-030-[redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105869

County of Lemhi

City of Near Baker

No. ..... St.

Hospital .....

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

Registration District No. 41

Primary Registration District No. 2116

File No. .....

Registered No. .....

FULL NAME OF CHILD James Sheldon Moore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 16th 1922

FATHER		MOTHER	
FULL NAME	Curtis W Moore	FULL MAIDEN NAME	Sylva Petronila Sedivic
RESIDENCE	Near Baker	RESIDENCE	Near Baker
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12-50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright - M D

(Physician or midwife)

Address Salmon

Given names added from a supplemental report.

..... 19....

Registrar

Filed Oct 10 1922 Clio Bellamy Registrar

Dep

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 26 1966
Bureau of Vital Statistics

State of Oregon } ss.
County of Columbia }

Certificate No. 105869

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Moore (male child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 16, 1922 (Date of Event)

in near Baker, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by X Report Cards (Bible Record, Insurance Policy, Etc.) prepared on 9/16/29 P (Give Date) 1934-1935 are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	James Sheldon Moore

Subscribed and sworn to before me this 14th day of January, 1966.

Laura L. Miller

Notary Public, residing at Scappoose, Oregon

My commission expires July 16, 1966

(Seal)

Signed X Curtis M. Moore
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2 Box 326 Scappoose, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Columbia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of January, 1966.

Laura L. Miller

Notary Public, residing at Scappoose, Oregon

My commission expires July 16, 1966

(Seal)

Signed X Sylvia P. Moore
Curtis M. Moore
(Signature of Any Credible Person)

Rt 2 Box 326 Scappoose, Oregon
(Street Address, City, State)

FORM DH 60-155 (Rev.)

CL 1-10-66. one copy pd. rec. #5099.

Certificate of Baptism, St. Luke's Memorial Church, Tacoma, Washington, baptized March 9, 1947 gives full name as James Sheldon Moore, born Sept. 26, 1922 to Curtis W. Moore and Sylvia P. Sediree - viewed by V.S.

MAR 29 1966

Selective Service Registration Certificate, Aug. 30, 1948 gives full name as James Sheldon Moore, born Sept. 16, 1922 at Salmon, Idaho - viewed by V.S.

168-116-031-854

PLACE OF BIRTH

STATE OF IDAHO
[redacted]RTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

105870

County of Lewis

City of Nezperce, RFD

No. Route 2 St.

Hospital

CERTIFICATE OF BIRTH

199

Registration District No. 47 File No. ~~200~~

Primary Registration District No. Registered No.

FULL NAME OF CHILD Donald Richard Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	10/16 1922

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Dick Johnson	FULL MAIDEN NAME	Minnie JM Neuerman
RESIDENCE	Nezperce, RFD	RESIDENCE	Nezperce, RFD
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Sweden	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Filed 11 1 1922 Albert Huff Registrar.

Give names added from a supplemental report.

....., 19....

Albert Huff Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 - 1954

212-202-031-275

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105871

County of Lewis

City of Nezperce, RFD.

No. Route 2 St.

Amended 5/20/75

Registration District No. 47

File No.

Hospital

Primary Registration District No.

Registered No. 197

FULL NAME OF CHILD Evellen Marie Baskett
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	(To be answered only in event of plural births)		Yes	Oct 2 192 2

What bactericidal solution was used in eyes? Agno 3

Number of child of this mother, including present birth. 3 Number of child of this mother now living, including present birth. 3

FATHER		MOTHER	
FULL NAME	Leslie Arthur Baskett	FULL MAIDEN NAME	Jamie Lespia Stellmon
RESIDENCE	Nezperce, RFD	RESIDENCE	Nezperce, RFD
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	(28) 28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Grangeville, Idaho.	BIRTHPLACE	Lapwai, Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap Jr. M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Give names added from a supplemental report.

Albert Huff
Registrar.

Filed 11-6-192 2 Albert Huff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 0 1969

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 15 1975

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of LEWIS } ss.

Certificate No. 105871

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Evelyn Ellen Baskett (Name on Original Certificate) who was born (Was Born or Died) on Oct. 2, 1922 (Date of Event)
in Nezperce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Evelyn Ellen Baskett	Evellen Marie Baskett

Subscribed and sworn to before me this 15TH day of MAY, 1975

Notary Public, residing at NEZPERCE, IDA.
My commission expires CONTINUOUS
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

NEZPERCE, IDAHO (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of LEWIS } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15TH day of MAY, 1975

Notary Public, residing at NEZPERCE, IDAHO
My commission expires CONTINUOUS
(Seal)

Signed Robert C. Browning M.D. (Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60. 155 CL 12/19/74 nm

MAY 2 0 1975

Family Bible , obviously old gives Evellen Marie Baskett born Oct. 2, 1922 in Nezperce, Idaho. (By family)
Viewed by VS.

Statement of School Record Census dated Oct. 14, 1940 gives name as Evellen Baskett child of Leslis Baskett, Lewis County, Idaho school record.
Statement byDoris Brown , Clerk of the District Court and Recorder Lewis County, Idaho. dated May 16, 1975.
Viewed by VS

347-109-03L-347

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105872

County of Lewis

City of Nezperce, RFD.

No. Route 2 St.

Hospital

Registration District No. 47

Primary Registration District No.

File No.

Registered No. 198

FULL NAME OF CHILD Victor Martin Lux
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Oct. 9 1922

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Martin Lux	FULL MAIDEN NAME Elizabeth Lux
RESIDENCE Nezperce, RFD	RESIDENCE Nezperce, RFD
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 51 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Germany	BIRTHPLACE Nebraska
OCCUPATION Rancher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Albert Huff
Registrar.

(Signature) R. E. Dunlap M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Filed 11 - 6 1922 Albert Huff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 1943

5/26/41 L. B.

231-209-009-285

PLACE OF BIRTH

[redacted]TE OF IDAHO
D[redacted] OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105873

County of Bonner

City of Clarks Fork

No. ..... St.

Registration District No. 80 File No. 2

Hospital ..... Primary Registration District No. 2157 Registered No. 52

FULL NAME OF CHILD Della Anna Stapleton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	9 - 9 1922

What bactericidal solution was used in eyes? Argyrol 10%.

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Norman Henry Stapleton	FULL MAIDEN NAME	Maude May Byers.
RESIDENCE	Clarks Fork.	RESIDENCE	Clarks Fork.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Grantford Ontario Canada	BIRTHPLACE	Ollie Iowa.
OCCUPATION	Laborer.	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse
M.D.
(Physician or midwife)

Address Sandpoint

Filed 10-20 1922 John Larsone
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1944

114-117-031-893

PLACE OF BIRTH

STATE OF ID[redacted]
DEPARTMENT OF PUB[redacted]FARE
BUREAU OF VITAL [redacted]

BUREAU OF VI[redacted] STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce, RFD.

No. ..... St.

Hospital .....

Registration District No. 47 File No. 105874

Primary Registration District No. ..... Registered No. 193

FULL NAME OF CHILD Elmer William Jameson
(Certificate is no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
male	—	—	—	Yes	Sept. 17 (Month) (Day) 1922 (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agnes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Walter Ray Jameson	FULL MAIDEN NAME	Agnes Mabel Hill.
RESIDENCE	Nezperce, RFD	RESIDENCE	Nezperce, RFD.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nezperce, Idaho.	BIRTHPLACE	Grangeville, Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop, M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Give names added from a supplemental report.

Albert Huff
Registrar.

Filed 10-9 1922 Albert Huff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 8 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of Lewis

Certificate No. 105874

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Elmer William Jameson (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on Sept. 17, 1922 (DATE OF EVENT)
in Nezperce, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by father's name (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Elmer William Jamason	Elmer William Jameson
father's name	Walter Ray Jamison	Walter Ray Jameson

Subscribed and sworn to before me this 17 day of January, 19 42.

S E [illegible]
Notary Public, residing at Nezperce, Idaho
My commission expires June, 23, 1943
(SEAL)

Signed Walter Ray Jameson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.) Father
Nezperce, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lewis

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of January, 19 42.

S E [illegible]
Notary Public, residing at Nezperce, Idaho
My commission expires June, 23, 1943.
(SEAL)

Signed William H. Bell
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Nezperce, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 19 42 By
(REGISTRAR'S SIGNATURE)

JAN 28 1947

253-217-031-314

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105875

County of Lewis

City of Nezperce RFD 2

No. ____ St.

Registration District No. 47

File No. ____

Hospital ____

Primary Registration District No. ____

Registered No. 192

FULL NAME OF CHILD Martha Rosaline Bettis

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Aug. 17, 1922

What bactericidal solution was used in eyes? Argo5

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	William J. Bettis	FULL MAIDEN NAME	Dorothy Caddy
RESIDENCE	Nezperce RFD	RESIDENCE	Nezperce RFD
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Rood River Ore.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Duncan M.D.

(Physician or midwife)

Address Craigmont, Idaho

Give names added from a supplemental report.

....., 19....

Albert Huff
Registrar.

Filed 9-13 1922

Albert Huff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/13/41. w.h.

DECEASED

864-116-031-219

[redacted]

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

Registration District No. 47

File No. 105876

No. Route 3 St.

Primary Registration District No.

Registered No. 195

Hospital

FULL NAME OF CHILD William Howard Young

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 16 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Young	FULL MAIDEN NAME	Alice Barber
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 45 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E F Taylor

(Physician or midwife)

Given names added from a supplemental report.

Address Nezperce Idaho

19

Albert Huff Registrar

Filed 10-15 1922

Albert Huff Registrar

S-Y CO. 24658

386-101-03-897

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105877

County of Lewis

City of Nezperce RFD 3

No. ..... St. ..... Registration District No. ~~50~~ 47 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. 194

FULL NAME OF CHILD Howard Gilbert Thomas
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		Yes	Yes	Sept 1 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agno 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Pernise H. Thomas	FULL MAIDEN NAME	Florence Higbee
RESIDENCE	Nezperce, RFD	RESIDENCE	Nezperce, RFD
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nezperce, Idaho.	BIRTHPLACE	Lone Pine, Wash.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Give names added from a supplemental report.

..... 19....

Albert Huff
Registrar.

Filed 10-15 1922 Albert Huff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165203-031-613

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

OCT 23 1922 BUREAU OF VITAL STATISTICS

Registration District No. 47

File No. 105878

No. Route 3

Primary Registration District No.

Registered No. 196

Hospital

FULL NAME OF CHILD Kathyrn Margarete Jones

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	Yes	10-3-1922 (Month) (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Jones	FULL MAIDEN NAME	Ruth Wallace
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor M D

(Physician or midwife)

Given names added from a supplemental report.

Address Nezperce Idaho

19

Albert Huff Registrar

Filed 10-20 1922 Albert Huff Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-125-031-613

PLACE OF BIRTH

RECE NOV 0 ... STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Registration District No. 60 File No. 105879

Hospital .....

Primary Registration District No. 2179 Registered No. 51

FULL NAME OF CHILD Clayton Howard Sartain
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X		X	Yes	Oct 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Boric Acid Oat.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John K. Sartain	FULL MAIDEN NAME	Clara Ida Wachter
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Texas	BIRTHPLACE	Oregon
OCCUPATION	Mill Work	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8 05 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin
Physician
(Physician or midwife)

Address Winchester, Ida.

Filed 10/28 1922 R. E. Dwelsh
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-221-031-165

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 105880

Primary Registration District No. 229 Registered No. 30

FULL NAME OF CHILD Nova Lee Montague

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	X (To be answered only in event of plural births)	X	Yes	Oct 21 1922

What bactericidal solution was used in eyes? Argyrol 2-10

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	John Morgan Montague	Jennie Gladys Jones
RESIDENCE	Winchester	Winchester
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	26
BIRTHPLACE	Kentucky	Tennessee
OCCUPATION	Mill Laber	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11:20 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Langthlin

Physician

(Physician or midwife)

Address Winchester, Ida.

Filed 10/28 1922 R. G. Dwelle

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Nez Perce } ss.

Certificate No. 105880

JUL 2[illegible] '45

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Flossie Belle Montague (Name on Original Certificate) who born (Was Born or Died) on Oct. 21, 1922 (Date of Event)
in Winchester, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible (Bible Record, Insurance Policy, Etc.) prepared on Oct. 23, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Flossie Belle Montague	Neva Lee Montague

Subscribed and sworn to before me this 16 day of July, 1945

John L. Phillips
Notary Public, residing at Lewiston, Ida.

My commission expires June 21, 1949
(Seal)

Signed + L. M. Montague +
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lewiston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nez Perce } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of July, 1945

John L. Phillips
Notary Public, residing at Lewiston, Ida.

My commission expires June 21, 1949
(Seal)

Signed + Mabel J. Ingram +
(Signature of Any Credible Person)

Lewiston, Idaho.
(Street Address, City, State)

JUL 2 1915

393-18-03-865

PLACE OF BIRTH

RECEIVED NOV 6 192

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Reubens

No. ..... St.

Hospital .....

Registration District No. 60 File No. 105881

Primary Registration District No. 2129 Registered No. 49

FULL NAME OF CHILD Bruce Litchfield
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	\		\	Yes	Oct 18 1927

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Sol sil nit & Boric acid

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Charles Nelson Litchfield	FULL MAIDEN NAME	Missouri Belle Yoodley
RESIDENCE	Reubens Idaho	RESIDENCE	Reubens Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	New York	BIRTHPLACE	Oklahoma
OCCUPATION	R.R. Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt
Physician
(Physician or midwife)

Address Reubens Ida

Filed 10/25 1922 R. E. Dunlop
Registrar

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-114-031-141

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

near City of Winchester

No. ..... St.

Registration District No. 60

File No. 105882

Hospital .....

Primary Registration District No. 2129

Registered No. 48

FULL NAME OF CHILD Died later Crane

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X		X	Yes	Oct 14 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? —

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Frank Crane	FULL MAIDEN NAME	Jessie Adams
RESIDENCE	Winchester Ida	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Mass.	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Garped 3 times 6 00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin

Physician

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....

Registrar.

Address Winchester Idaho

Filed 10/17 1922 R. E. Dewlok

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

405-113-031-386

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 60 File No. 105883

Primary Registration District No. 2429 Registered No. 47

FULL NAME OF CHILD Gerald Owen Marl
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X		X	Yes	Oct 13 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lee E. Marl	FULL MAIDEN NAME	Mary Isabel Thomas
RESIDENCE	Winchester Ida	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Wash	BIRTHPLACE	Illinois
OCCUPATION	Mill Labor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive 6 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Laughlin
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Winchester, Idaho

Filed 10/17 1922 R. E. Dunlop
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

649-210-231-362

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis
City of Craigmont, RFD
No. ____ St.
Hospital ____

Registration District No. 50
Primary Registration District No. 2129

File No. 105884
Registered No. 46

FULL NAME OF CHILD Hariet Mahala Furnish
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	Yes	Oct 10 192 2

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 4 — Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Archie M. Furnish	FULL MAIDEN NAME Bertha Tokle
RESIDENCE Craigmont, RFD	RESIDENCE Craigmont, RFD
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Pullman, Wash.	BIRTHPLACE Norway
OCCUPATION Rancher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) P. E. Dunlap M.D.
(Physician or midwife)

Address Craigmont, Idaho.

10/12 2

Filed ____ 192__

P E Dunlap
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Y33-106.031-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis
City of Craigmont,
No. ..... St.
Hospital .....

Registration District No. 50 File No. 105885
Primary Registration District No. 2129 Registered No. 45

FULL NAME OF CHILD CLIFFORD CHARLES McLEAN
(Certificate ... without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	—	Yes	Oct 6 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Charles Edwin McLean	FULL MAIDEN NAME	Elsie Ann Johnson
RESIDENCE	Craigmont, Ida	RESIDENCE	Craigmont, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Arkansas	BIRTHPLACE	Montana
OCCUPATION	Barber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop, M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Filed 10/10 1922 R. E. Dunlop
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 105885

State of Wash. }
County of Clark } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Clifford Thomas McLean (Name on Original Certificate) who Was Born (Was Born or Died) on Oct 6th 1922 (Date of Event)
in Craigmont Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by St Rec. of (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Clifford Thomas	CliffordCharles McLean

Subscribed and sworn to before me this 7th
day of Aug, 1942

Notary Public, residing at Camas

My commission expires Sep 8-44
(Seal)

Signed Sylvester McLean (Brother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2 Box 1510 Camas, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. }
County of Clark } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th Aug
day of Aug, 1942

Notary Public, residing at Camas

My commission expires Sep 8-44
(Seal)

Signed Lora E McLean
(Signature of Any Credible Person Other Than Previous Year)

Rt 2 Box 1510 Camas, Wash.
(Street Address, City, State)

AUG 10 1942

AUG 13 1942

DEC 11 1963

297-205-031-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV

CERTIFICATE OF BIRTH 105886

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Registration District No. 60 File No. .....

Primary Registration District No. 2129 Registered No. 44

FULL NAME OF CHILD Louisa Phoebe Kight
(Certificate of no value without full name of child)

Sex of Child Female | Twin Triplet or other? + and Number in order of birth + (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Oct 5 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Acid Boric

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Herbert Faxon Kight	FULL MAIDEN NAME	Myrtle Vera Smith
RESIDENCE	Winchester Ida	RESIDENCE	Winchester, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Minnesota	BIRTHPLACE	Alberta Canada
OCCUPATION	Labor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 3 50 A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin late 5 min
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Address Winchester, Ida

Filed 10/7 1922 R. E. Dunlap Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1942

339-202-031-135

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 60 File No. 105887

Primary Registration District No. 229 Registered No. 93

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Oct 2nd 1922

What bactericidal solution was used in eyes? 2% Ag nit

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Wellington B. Glick	Bessie Viola Alexander
RESIDENCE	Winchester Ida	Winchester Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Missouri	N. Carolina
OCCUPATION	Farmer	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. McLaughlin M.D.
Physician
(Physician or Midwife)

Address Winchester Ida

Filed 10/3 1922 P. E. Dumas
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755-219-031-666

PLACE OF BIRTH

County of Lewis

City of Culde Sac

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 105888

Primary Registration District No. 2129 Registered No. 42

FULL NAME OF CHILD Marjorie Iris Peutzer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept 19 1922

What bactericidal solution was used in eyes? Sat. Sol. Boric Acid

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lorenzo F. R. Peutzer	FULL MAIDEN NAME	Bertha May Wooley
RESIDENCE	Cul de Sac	RESIDENCE	Cul de Sac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 6 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. M. Laughlin
Physician
(Physician or midwife)

Address Winchester Ida

Filed 10/3 1922 R. E. Dwelle
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Winchester

Street: .....

County: Lewis

File Number: 105888

Registration Dist. No. .....

Date of Birth: Sept 19 1922

Sex of Child: Female

Father: Lorenzo F. R. Penzer (Full Name)

Mother: Bertha M. Wooley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marjorie Iris Penzer

Child's Name in Full

Lorenzo F. R. Penzer

Signature of Father or Mother

294-129-005-753

PLACE OF BIRTH

County of Benewah

City of Plummer

No. _____ St.

Hospital _____

[redacted]

Form V..

TICS

105889

Registration District No. 46 File No. _____

Primary Registration District No. 2123 Registered No. 15

FULL NAME OF CHILD Bruce Andrew Kidder.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	May 29 1922

FATHER		MOTHER	
FULL NAME	William Kidder	FULL MAIDEN NAME	Era Peterson
RESIDENCE	Plummer	RESIDENCE	Plummer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Miles City - Montana	BIRTHPLACE	Merrill Wis.
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) Mary E. Harter R.N.

(Physician or midwife)

Address Plummer Idaho

Filed June 6 1922

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-202-032-492

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. 3 mi West St.

STATE [redacted] Form V. S. No. 11-C—25m-8-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105890

Registration District No. 17 File No. 2

Primary Registration District No. Registered No. 67

Hospital

FULL NAME OF CHILD Ellen Lillian Lambert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 2 1922

FATHER

FULL NAME Thomas F Lambert

RESIDENCE Richfield 3 mi West

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Reno Nev.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Muriel L Mackinnons

RESIDENCE Same

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Redland Cal.

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M D (Physician or midwife)

Address Richfield Utah

Given names added from a supplemental report.

..... 19.....

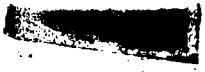
..... Registrar

Filed Nov 5 1922 O E Bloom Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



714-201-032-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

105891

County of Lincoln

City of Richfield

No. 6 mi N - 1 ~~East~~ West

Registration District No. 17

File No. 2

Primary Registration District No.

Registered No. 65

Hospital

FULL NAME OF CHILD Mary Belle Paulson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	9 - 1 - 1922

FATHER		MOTHER	
FULL NAME	Chas C Paulson	FULL MAIDEN NAME	Eliza Clara Lockey
RESIDENCE	Richfield 6 mi N - 1 mi West	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Sweden	BIRTHPLACE	Prosser Wash
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M D
(Physician or midwife)

Given names added from a supplemental report.

19

Address Richfield Ida

Registrar

Filed Nov 5 1922 O E Bloom
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 11 1950

DECEASED

319-111-032-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

105892

County of Lincoln

City of Richfield

Registration District No. 17

File No. 2

No. ..... St.

Primary Registration District No. .....

Registered No. 66

Hospital .....

FULL NAME OF CHILD William M Carter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 11 1922

FATHER		MOTHER	
FULL NAME	Wm M Carter	FULL MAIDEN NAME	Lena Mathias
RESIDENCE	Richfield	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo	BIRTHPLACE	Tex
OCCUPATION	Stationary Engineer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 25 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Richfield Ida

Registrar

Filed Nov 3 1922 O E Bloom Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-112-037-438

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC W[redacted]
BUREAU OF VITAL STATISTI[redacted]

CERTIFICATE OF BIRTH 105893

NOV 4 1922
BUREAU OF VITAL STATISTICS

County of Madison

City of Rexburg

No. ..... Registration District No. 100 File No. .....

Hospital ..... Primary Registration District No. 2178 Registered No. 257

FULL NAME OF CHILD ..... (Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 12th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Richard W. Smith	FULL MAIDEN NAME	Rena McQuarrie
RESIDENCE	Lyman Idaho	RESIDENCE	Lyman Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Lyman Idaho	BIRTHPLACE	St. George Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Oct 12th 1922 7-30 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson

M. D.
(Physician or Midwife)

Address Rexburg Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 10/30 192[illegible] [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595-128-033-714

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105894

County of Madison

City of Rexburg

No. ____ St.

Registration District No. 100 File No. ____

Hospital ____ Primary Registration District No. 2178 Registered No. 256

FULL NAME OF CHILD James Nielsen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male			Yes	Oct. 28th 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 3rd Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James A. Nielsen	FULL MAIDEN NAME	Ethel A. Paul
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Logan Utah
OCCUPATION	Contractor & Builder	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) Oct. 28th, 1922 9-50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

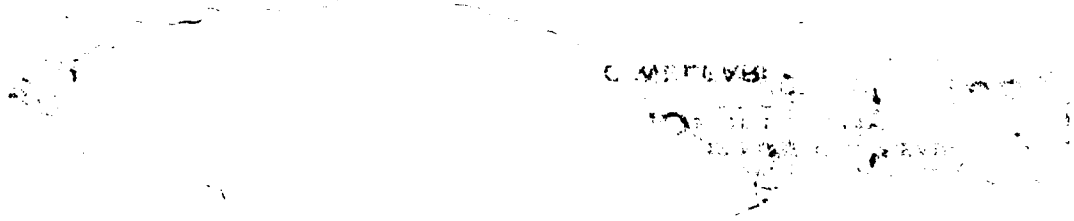
....., 19.....

.....
Registrar.

(Signature) [illegible]
M.D.
(Physician or Midwife)
Address Rexbueg Idaho

Filed 10/30 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Dear Sir or Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Keyburg

Street: 118 College Ave

County: Madison

File Number: 105894

Registration Dist. No.: 100

Sex of Child: Male

Date of Birth: Oct. 28th 1922.

Father: James A Nielsen (Full Name)

Mother: Ethel Ann Paul (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Nielsen
Child's Name in Full

Mrs James Nielsen
Signature of Father or Mother

249-121-033-76-4

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St. Registration District No. 100 File No. 105895

Hospital ..... Primary Registration District No. 2178 Registered No. 245

FULL NAME OF CHILD Ralph ~~[illegible]~~ Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	\		\	Yes	July	21	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Neil Lee Smith	FULL MAIDEN NAME	Virgie Gough
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Don't know.	BIRTHPLACE	Blackfoot Idaho
OCCUPATION	Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 8 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. A. Ellison
M.D.
(Physician or midwife)

Address Sugar City Idaho

Filed 10/30/ 1922 J. R. [illegible]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Weber }

Certificate No. 105895

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ralph Neil Smith ---------- (Name on Original Certificate) who was born - (Was Born or Died) on 21st. of July, 1922 (Date of Event)
in Sugar City, Idaho. Mormon (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church records (Bible Record, Insurance Policy, Etc.) prepared on Salt Lake City, Utah. October, 1939 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Ralph Niel Smith	Ralph L. Smith
birthdate	July 21, 1922	July 22, 1922

Subscribed and sworn to before me this 21st.
day of March ----- , 19 42.

Notary Public, residing at Ogden, Utah.
My commission expires August 8-1942.
(Seal)

formerly Virgie Elizabeth Smith.
Signed Virgie Elizabeth Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Willard, Box Elder County, Utah.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of March, 1942

Notary Public, residing at Ogden, Utah
My commission expires August 8-1942
(Seal)

Signed Gilbert Lyon Robinson
(Signature of Any Credible Person Other Than Previous Year)

Willard, Box Elder County, Utah.
(Street Address, City, State)

314-101-033-217

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... Registration District No. 100 File No. 105896

Hospital ..... Primary Registration District No. 2578 Registered No. 246

NOV 4 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Samuel Leon Camphouse
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 1st 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 9th Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Harry Camphouse	FULL MAIDEN NAME	Mary Baggesen
RESIDENCE	Sugar Idaho	RESIDENCE	Sugar Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Holland.	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Aug 1st 1922 12-30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Address Rexburg Idaho

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 10/30 1922 J. Ryong
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho ..... NOV 1 3 1922 .....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Sugar City
- Street: .....
- County: Madison

File Number: 105896

Registration Dist. No. .....

Date of Birth: 1st Aug 1922.

Sex of Child: Male

Father: Harry D Camphouse (Full Name)

Mother: Mary Camphouse (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Samuel Leon Camphouse
Child's Name in Full

Mrs Mary Camphouse
Signature of Father or Mother

299-105-033-295

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

RECEIVED NOV 4 1922 VITAL STATISTICS

Registration District No. 100 File No. 105897

Primary Registration District No. 2178 Registered No. 247

FULL NAME OF CHILD Jack Birch
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	—		—	Yes	Sept	5	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James Birch	FULL MAIDEN NAME	Ruby Kingshorn
RESIDENCE	Rigby Idaho	RESIDENCE	Rigby Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:10 a.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. A. Ellison
M.D.
(Physician or midwife)

Address Sugar City Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed 10/30 1922 J. R. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

623-111-033-294

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Ranch

No. ..... Registration District No. 100 File No. 105898

Hospital ..... Primary Registration District No. 2178 Registered No. 248

FULL NAME OF CHILD Henry Ostermiller
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Sept. 11 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	George Ostermiller	FULL MAIDEN NAME	Catherine Krüger
RESIDENCE	Teton Idaho	RESIDENCE	Teton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 50 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. A. Ellison
M. Dr.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Sugar City Idaho

Filed 10/30 1922 J. Rysby
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-222-022-331

PLACE OF BIRTH

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Clementsville

No. ..... St.

Registration District No. 10C

File No. 105899

Hospital .....

Primary Registration District No. 2178

Registered No. 249

FULL NAME OF CHILD Norma May Westover
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept. 22nd 1922

What bactericidal solution was used in eyes? Ag No3 1%

Number of child of this mother, including present birth 8th Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Floyd D. Westover	FULL MAIDEN NAME	Margaret Clay
RESIDENCE	Clementsville Idaho	RESIDENCE	Clementsville Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Rexburg Idaho	BIRTHPLACE	Alma Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Sept 22 1922 8-15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or ~~midwife~~)

Address Rexburg Idaho

Filed 10/30 1922 J Wyoming
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDA[illegible]

DEPARTMENT OF PUBLIC

Boise, Idaho, NOV 1922 19

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this offic[illegible]t is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

Place of Birth
- City: Clementsville
- Street: Hillcrest Ranch
- County: Teton Co

File Number: 105899

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Sept. 22 1922

Father: Floyd R. Westover (Full Name)

Mother: Margaret Clay (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Norma May Westover
Child's Name in Full

Floyd R. Westover
Signature of Father or Mother

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105900

City of Sugar NOV 4 1922

No. 151 Registration District No. 100 File No.

Hospital Primary Registration District No. 2178 Registered No. 250

FULL NAME OF CHILD Byron Lee Waldram.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Sept 26 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Byron Lorenzo Waldram	FULL MAIDEN NAME	Violate Rae Garner
RESIDENCE	Sugar City	RESIDENCE	Sugar City, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ogden. Ut.	BIRTHPLACE	Ogden Utah
OCCUPATION	Merchant	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. A. Ellison
M.D.
(Physician or midwife)

Address Sugar City, Idaho

Give names added from a supplemental report.

....., 192....

Registrar.

Filed 10/30 1922 J. R. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

689-29-037-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105901

County of Madison

City of Archer

No. ____ St.

Registration District No. 100

File No. ____

Hospital ____

Primary Registration District No. 2178

Registered No. 251

FULL NAME OF CHILD Morris Whittaker

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male	Twin and	1st.	Yes	Sept. 29th 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 6th Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Henry Whittaker	FULL MAIDEN NAME	Bessie Ginn
RESIDENCE	Archer Idaho	RESIDENCE	Archer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	South Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Sept. 29th 1922 12-10 A.M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Farley Nelson

M. D.

(Physician or ~~Midwife~~)

Address Rexburg Idaho

Filed 10/30 1922 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 13 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED NOV 20 1922 BUREAU OF VITAL STATISTICS

Place of Birth: City: Archer

Street:

County: Madison

File Number: 105901

Registration Dist. No.:

Date of Birth: Sept 29 1922

Sex of Child: Male

Father: Henry Whittaker
Full Name

Mother: Bessie P. Ginn
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Moroni Whittaker
Child's Name in Full

Bessie P. Whittaker
Signature of Father or Mother

68-129.033-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105902

County of Madison

City of Archer

No. ..... St.

Registration District No. 100 File No. Ø

Hospital ..... Primary Registration District No. 2178 Registered No. 252

FULL NAME OF CHILD Abraham Whittaker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	2nd	Yes	Sept. 29th 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 7th Number of child of this mother now living, including present birth 7

	FATHER	MOTHER
FULL NAME	Henry Whittaker	Bessie Ginn
RESIDENCE	Archer Idaho	Archer Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	29
BIRTHPLACE	Salt Lake City Utah	South Carolina
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Sept. 29th 1922. 12-20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or ~~midwife~~)

Address Roxburg Idaho

Filed 10/30 1922 J. Ryan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Archer

Street:

County: Madison

File Number: 105902

Registration Dist. No.:

Date of Birth: Sept 29 1922.

Sex of Child: Male

Father: Henry Whittaker (Full Name)

Mother: Bessie P. Ginn (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Abraham Whittaker
Child's Name in Full

Bessie P. Whittaker
Signature of Father or Mother

RECEIVED
1922
VITAL
STATISTICS

135-129-033-759

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105903

County of Madison

City of Sugar

No. ..... St.

Registration District No. 100 File No. .....

Hospital ..... Primary Registration District No. 2178 Registered No. 253

FULL NAME OF CHILD Lloyd Emile Alvord
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	\		\	Yes	Sept.	29	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Earl Edwin Alvord	FULL MAIDEN NAME	Ida May Perrenoud
RESIDENCE	Sugar City, Ida.	RESIDENCE	Sugar City Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho —
OCCUPATION	Farming	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 50 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. A. Ellison
M.D.
(Physician or midwife)

Address Sugar City Idaho

Filed 10/30 1922 J. R. Young
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR

284-224-033-249

PLACE OF BIRTH

County of Madison

City of Archer

No. ..... St.

Hospital .....

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

105904

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 254

FULL NAME OF CHILD Sarah Squires

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct 24 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawrence B. Squires	FULL MAIDEN NAME	Minnie Burns
RESIDENCE	Archer	RESIDENCE	Archer
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Lyman Fremont Co.	BIRTHPLACE	Salt Lake city
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct 24 (Born alive or stillborn) at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret Ann Bringg

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Thornton Idaho R.F.D. 1

Filed 10/29 1922

J. R. Young
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-225-033-634

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105905

RECEIVED NOV 4 1922 BUREAU OF VITAL STATISTICS

County of Madison

City of Rexburg

No. ..... Registration District No. 100 File No. .....

Hospital ..... Primary Registration District No. 2178 Registered No. 255

FULL NAME OF CHILD Mary Lenore Blackburn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female	One		—	Yes	10	25	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lorenzo Blackburn	FULL MAIDEN NAME	Lucille Oldham
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Rexburg Ida.	BIRTHPLACE	Salt Lake Utah.
OCCUPATION	Coast Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Parkinson
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed 10/30 1922 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF UTAH

The name of your baby [redacted]. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED
DEC 4 1922
BUREAU OF VITAL STATISTICS

Place of Birth — City: Rexburg

Street: 60 West 1st So.

County: Madison

File Number: 105905

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Oct. 25 1922.

Father: Lorenzo Blackburn (Full Name)

Mother: Lucille Oldham (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Lanore Blackburn

Child's Name in Full

Mrs. Lorenzo Blackburn

Signature of Father or Mother

795-102-035-165

BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105906

City of Lewiston

No. 1328 G St. Registration District No. 96 File No.

Hospital Primary Registration District No. 1009 Registered No. 195

FULL NAME OF CHILD Wilbur Eugene Grunwood

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Ye	Sept 2 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	O.H. Grunwood	FULL MAIDEN NAME	Ethel Cosved
RESIDENCE	1328 - 6th - L	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 10 P M. on the date above stated.

(Signature) Fred W. Johnson

(Physician or midwife)

Address Lewiston, Ida.

Filed 10/9/ 1922 F.T. Harris, M.D.
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Johnson.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 5 1945

21V-103035993

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105907

County of Nez Perce

City of Lewiston

No. ..... St. ..... Registration District No. 96 File No. .....

Hospital St. Joseph's Primary Registration District No. 1009 Registered No. 196

FULL NAME OF CHILD Robert Harry Bauman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept. 3 1922

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	A. O. Bauman	FULL MAIDEN NAME	J. Margaret Richardson
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Insurance Agent	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 12:30 a. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Carsson
(Physician ~~or midwife~~)

Address Lewiston, Idaho

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 10/9/ 1922 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 9 2012

469-208-035-659

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. 210 — 11th St. Registration District No. 96 File No. 105908

Hospital — Primary Registration District No. 1009 Registered No. 197

FULL NAME OF CHILD Beatrice May Marek
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Sept 8 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	James Marek	FULL MAIDEN NAME	Norena Ferzais
RESIDENCE	210 - 11th Lewiston	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kansas	BIRTHPLACE	South Dakota
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3 P.M., M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Alley
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed 10/9/ 1922 F.T.Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Alley

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED
NOV 24 1922
VITAL STATISTICS

Place of Birth: City Lewiston; Street Eleventh-206; County Nez Perce

File Number 105908

Registration Dist. No.

Sex of Child Female

Date of Birth September 8 1922

Father James Marek (Full Name)

Mother Norma Verzani (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Beatrice May Marek
Child's Name in Full

Mrs James Marek
Signature of Father or Mother

639-210-075 -113

PLACE OF BIRTH

RECEIVED OCT 21 19 BUREAU OF STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce
City of Lewiston
No. ____ St.
Hospital St Joseph's
Registration District No. 96
Primary Registration District No. 1009
File No. 105909
Registered No. 198

FULL NAME OF CHILD Bonnie Jean Flinkinger
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Sept 10 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Ernest Flinkinger	FULL MAIDEN NAME Caroline Jacobs
RESIDENCE Lewiston	RESIDENCE Same
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Washington
OCCUPATION Linotype operator	OCCUPATION Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 2:45 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G Broadrock
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed 10/9/ 1922 F. T. Harris, M.D.
Registrar.

Broadrock

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 6 1970

238-112-035-894

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 2
BUREAU

CERTIFICATE OF BIRTH 105910

County of Nez Perce
City of Lewiston
No. 412-15th St. St.
Registration District No. 96 File No.
Hospital
Primary Registration District No. 1009 Registered No. 199

FULL NAME OF CHILD Robert Thomas Schram
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	9-12-22 192

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Elmer T. Schram	FULL MAIDEN NAME	Marie Himauko
RESIDENCE	Lewiston, Idaho.	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Mont
OCCUPATION	Electrican	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11:20 P. M. on the date above stated.
(Born alive XXXXXXX)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carsson

(Physician XXXXXXX

Give names added from a supplemental report.

....., 19....

Registrar.

Address Lewiston, Idaho.

Filed 10/9/ 1922 F.T.Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH 249-214-035-239

RECEIVED OCT 21 19[illegible] BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 105911

No. St.

Primary Registration District No. 1009 Registered No. 200

Hospital

FULL NAME OF CHILD Elizabeth Joy Smith

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	David A. Smith	FULL MAIDEN NAME	Maybelle Struensee
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White

Fry (Physician or midwife)

Address Lewiston Ida

Given names added from a supplemental report.

19

Registrar

Filed 10/9/ 1922 F. T. Harris, M.D. Registrar

S-Y-CO 38071

K

JUL 6 1943

899-116-035-162

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

105912

CERTIFICATE OF BIRTH

Herndon

County of Nezperce

City of Lewiston

No. ..... St.

Registration District No. 96 File No. .....

Hospital St. Joseph Primary Registration District No. 1009 Registered No. 201

FULL NAME OF CHILD Ronald Elliot Herndon

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Sept 16 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Henry Herndon	FULL MAIDEN NAME	Eva Joslin
RESIDENCE	Asotin, Wash.	RESIDENCE	Same
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12:30 A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul M. Johnson

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 10/9/ 192 2 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Lewiston

Street

County Nez Perce

File Number 105912

Registration Dist. No.

Date of Birth Sept. 16 1922

Sex of Child Male

Father William Harvey Herndon
Full Name

Mother Eva May Joslin
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Elbert Herndon
Child's Name in Full

Mrs. Harvey Herndon.
Signature of Father or Mother

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 23 11 44 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Nez Perce

Certificate No. 105912

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elbert Herndon (Name on Original Certificate) who was born (Was Born or Died) on Sept. 16, 1922 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on September 16, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Elbert Herndon	Ronald Elbert Herndon

Subscribed and sworn to before me this 21st day of August, 1972

Lew Siebenberg

Notary Public, residing at Moscow

My commission expires December 5, 1975

(Seal)

Signed Eva May (Josie) Herndon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Nez Perce

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of August, 1972

Lew Siebenberg

Notary Public, residing at Moscow

My commission expires December 5, 1975

(Seal)

Signed Orbie L. Herndon
(Signature of Any Credible Person)

3410 - 5th St. Lewiston Idaho
(Street Address, City, State)

FORM DH 60-155 CL 8/11/ 72 2cc pd. rec. #42723

SEP 13 1972

Photocopy of Bible Record gives child's name as Ronald Elbert Herndon born Sept. 16, 1922. Viewed by V. S.

Stork's Report , Record of first child. gives name as Ronald Elbert Herndon born Sept. 16, 1922. Viewed by V. S.

551-219-035-753

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105913

County of Nezperce
City of Lewiston
No. ____ St.
Registration District No. 96
File No. ____
Hospital St Joseph
Primary Registration District No. 1009
Registered No. 202

FULL NAME OF CHILD Doris Aileen Evans.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female			Yes	Sept	19	1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm J Evans	FULL MAIDEN NAME	Nettie Peterson
RESIDENCE	Culdesac - R D	RESIDENCE	Lewiston
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at ____ 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G Broadbent
(Physician or midwife)

Address Lewiston, Ida.

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed 10/9/ 1922 F. T. Harris, M.D.
Registrar.

Broadbent

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1942

PLACE OF BIRTH

955-120-035-366

RECEIVED OCT 2 - 1922 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105914

County of Nezperce

City of Lewiston

No. ..... St.

Registration District No. 96 File No. .....

Hospital St Joseph Primary Registration District No. 1009 Registered No. 203

FULL NAME OF CHILD Harold Eugene Reed
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	and		yes	Sept 20 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Hollis Reed	FULL MAIDEN NAME	Carrie Toofson
RESIDENCE	McCoud-Clarkston	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Kansas	BIRTHPLACE	Washington
OCCUPATION	Truck Driver.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 A. M. (Born alive [redacted]) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G Braddock

(Physician [redacted])

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 10/9/ 1922 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1942

622-120-035-434

PLACE OF BIRTH

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce
City of Lewiston
No. ____ St.
Hospital St Joseph's

Registration District No. 96 File No. 10591 5
Primary Registration District No. 1009 Registered No. 204

FULL NAME OF CHILD William Osborn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	9-20-1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Osborn	FULL MAIDEN NAME	Mary E. Mc Donald
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Tennessee
OCCUPATION	Civil Engineer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 8:45 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Pearson
(Physician ~~or midwife~~)

Address Lewiston, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 10/9/ 1922 F. T. Harris, M. D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/28/40 L.B.

APR 3 1970

219-120-035-342

PLACE OF BIRTH

RECEIVED 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce
City of Lewiston
No. ..... St.
Hospital St. Joseph's

Registration District No. 96 File No. 105916
Primary Registration District No. 1009 Registered No. 205

FULL NAME OF CHILD Robert Garrett Bailey
(Certificate of no value without full name of child.)

Sex of Child: Male | Twin, Triplet or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of birth: Sept. (Month) 20 (Day) 1922 (Year)

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robert G. Bailey	FULL MAIDEN NAME	Myrtle D. Lucas
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Wash.
OCCUPATION	Journalist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6:a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A C Carson
(Physician or midwife)

Address Lewiston, Idaho

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed 10/9/ 1922 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1942

SEP 11 1942

AUG 10 1951

753-222-035-813

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1028 "N" St.

Registration District No. 96 File No. 105917

Primary Registration District No. 1009 Registered No. 206

Hospital

FULL NAME OF CHILD Hanella Elizabeth Felton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe	1	yes	Sept 22 1922

FATHER		MOTHER	
FULL NAME	Harry Felton	FULL MAIDEN NAME	Marie Halverson
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	St. Cloud Minn	BIRTHPLACE	Moscow Ida
OCCUPATION	Ice Baiae Millhand	OCCUPATION	Housewife

[illegible] SOLUTION WAS USED IN EYES?

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Don Hammond

(Physician ~~or midwife~~)

Given names added from a supplemental report.

____ 19__

Address Clarkston Wash

Registrar.

Filed 10/9/ 1922 F.T.Harris, M.D.
Registrar.

OCT 26 1956

314-225-075-256

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105918

County of Nez Perce

City of Lewiston

No 324 1/2 6th St.

Registration District No. 96

File No.

Hospital —

Primary Registration District No. 1009

Registered No. 207

FULL NAME OF CHILD Mary Elizabeth Campbell

(Certificate has no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Sept 25 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER

FULL NAME J. H. Campbell

RESIDENCE 324 1/2 6th Ave city

COLOR W AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Missouri

OCCUPATION R.R. Engineer

MOTHER

FULL MAIDEN NAME Grace Knopf

RESIDENCE same

COLOR W AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John A. Alley

(Physician or midwife)

Address Lewiston, Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 10/9/ 1922 F. T. Harris, M.D.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-126-075-962

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 212 - 16th Ave St.

Registration District No. 96 File No. 105919

Hospital

Primary Registration District No. 1009 Registered No. 208

FULL NAME OF CHILD Shelbon Charles Heinzerling
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept. 26, 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Shelbon Heinzerling	FULL MAIDEN NAME	Minnie M. Robinson
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wash	BIRTHPLACE	Minn
OCCUPATION	Butcher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 7 a.m. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Carasson

(Physician ~~or midwife~~)

Address Lewiston, Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 10/9/ 1922 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

REC'D OCT 21, 1922

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

State of Idaho

CERTIFICATE OF LIVE BIRTH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS BIRTH UNDER IDAHO CODE 39-241(k) & 39-274

State File No. 105920
Local Reg. No. 209

CHILD

1. CHILD'S NAME (FIRST) (MIDDLE) (LAST): THOMAS WILLIAM HERMAN

2. DATE OF BIRTH (Month, Day, Year): SEPT 27, 1922

3. TIME OF BIRTH: 5:30 AM M

4. SEX: MALE

5. CITY, TOWN, OR LOCATION OF BIRTH: LEWISTON

6. COUNTY OF BIRTH: NEZ PERCE

7. TYPE OF BIRTHPLACE (Specify type)
☐ Hospital ☐ Freestanding Birthing Center ☒ Residence
☐ Clinic/Doctor's Office ☐ Other (Specify)

8. NAME AND ADDRESS OF FACILITY (If not a facility, enter name of place, street and number)

CERTIFIER/ ATTENDANT

9. I certify that stated information concerning this child is true to the best of my knowledge and belief.
Signature ▶ PAUL W. JOHNSON

10. DATE SIGNED: OCT 9, 1922

11. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type or print)
Name
☐ M.D. ☐ D.O. ☐ C.N.M. ☐ Other Midwife ☐ Naturopath
☐ Other (Specify)

12a. CERTIFIER'S NAME AND TITLE (Type or print)
Name PAUL W. JOHNSON License No.
☐ M.D. ☐ D.O. ☐ C.N.M. ☐ Other Midwife
☐ Naturopath ☐ Other (Specify)

13. ATTENDANT'S MAILING ADDRESS (Street or Route No., City or Town, State, Zip Code)

12b. CERTIFIER'S MAILING ADDRESS (Street or Route No., City or Town, State, Zip Code)

14a. REGISTRAR'S SIGNATURE
▶ F.T. HARRIS, MD

14b. DATE SIGNED BY REGISTRAR (Month, Day, Year): OCT 9, 1922

MOTHER

15a. MOTHER'S PRESENT NAME (FIRST, MIDDLE, LAST): ZELMA HERMAN

15b. MAIDEN SURNAME: KOHL

16. DATE OF BIRTH (Month, Day, Year): AGE 17

17. BIRTHPLACE (State or Foreign Country): IDAHO

18a. CURRENT RESIDENCE—STATE: CALIFORNIA

18b. COUNTY:

18c. CITY, TOWN, OR LOCATION: FRESNO

18d. STREET AND NUMBER: 439 WOODWARD

18e. INSIDE CITY LIMITS? ☐ Yes ☐ No

18f. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only)

FATHER

19. FATHER'S NAME (FIRST) (MIDDLE) (LAST): G. E. HERMAN

20. DATE OF BIRTH (Month, Day, Year): AGE 20

21. BIRTHPLACE (State or Foreign Country): IDAHO

INFORMANT

22. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.
(Name of Parent or Guardian) ▶ ZELMA HERMAN

395.227.035 213

PLACE OF BIRTH

RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. St. Joseph St.

Hospital St. Joseph Hospital, Charlotte

Registration District No. 96 File No. 105921

Primary Registration District No. 1009 Registered No. 210

FULL NAME OF CHILD (Charlie) Francis Lincoln
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9/27/1922

What bactericidal solution was used in eyes? 20% Oxygen

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Ralph Francis Lincoln	FULL MAIDEN NAME	Mata Wellana Kathman
RESIDENCE	Lewiston, Ida.	RESIDENCE	Lewiston, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mass.	BIRTHPLACE	Wyo.
OCCUPATION	Student	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 8:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P.T. Harris, M.D.
(Physician or midwife)

Address Lewiston, Ida.

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 10/9/ 1922 F.T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

In the copy you have received this child is recorded as a male.

Will you have the necessary change made in the files. The young father who is an ex soldier. Has just looked into the matter in order to send copy to the Government. Yours truly

Susan E Bruce,
Registrar Dist 96-95
Lewiston - Ida

MAR 25 1948

JAN 15 1949

FEB 18 1942

699-210 [redacted] 213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED

County of Owyhee

City of Homedale

Registration District No. 130 File No. 105922

No. ..... St.

Primary Registration District No. Homedale Registered No. .....

Hospital .....

FULL NAME OF CHILD Idyllette Lucy Wright

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
FM		yes	Oct (Month) 10 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Claude L Wright	FULL MAIDEN NAME	~~Ruth~~ Mary R Batte
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Miss
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 15 P M. on the date above stated. 20% argyrol

(Signature) Simeon Hopper

MW (Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Nov 1 1922 Address Homedale

S Hopper Registrar

Filed Nov 1 1922 S Hopper Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
NOV 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV. 1 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hansdale

Place of Birth — Street: .....

Place of Birth — County: Owyhee

File Number: 105922

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Oct 10th 192.2

Father: Claude Leo Wright (Full Name)

Mother: Mary Ruth Battle (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Idyllette Lucy Wright
Child's Name in Full

Ruth B. Wright
Signature of Father or Mother

557-216-077-015

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED NOV 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105923

County of Bear Lake

City of Paris

Registration District No. 130 File No.

No. St.

Primary Registration District No. Homedale Registered No.

Hospital

FULL NAME OF CHILD Eugene James Engstrom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
FM				yes	Oct 16 1922

FATHER		MOTHER	
FULL NAME	Godfrey Engstrom	FULL MAIDEN NAME	Anna Ethel Sanderson
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P M. on the date above stated. Oct 16 1922

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper M D

(Physician or midwife)

Given names added from a supplemental report, 19

S Hopper
Registrar

Address Homedale

Filed Nov 1 1922

S Hopper
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 13 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Homedale; Street .....; County Owyhee

File Number 105923

Registration Dist. No. .....

Sex of Child Male

Date of Birth October 16 ... 192 2

Father Godfrey Engetrom (Full Name)

Mother Annie Ethel Sanderson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eugene James (Child's Name in Full)

Godfrey Engetrom (Signature of Father or Mother)

DUP OF 1922 - 321594

613-220-037-569

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105924

County of Kootenai

City of Homedale

Registration District No. 130 File No.

No. St.

Primary Registration District No. Homedale Registered No.

Hospital

FULL NAME OF CHILD Myrtle Arline Watson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fm				yes	Oct. 20 1922

FATHER		MOTHER	
FULL NAME	Harold B Watson	FULL MAIDEN NAME	Myrtle E Norris
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kans	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	Hsw

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 25 A M. on the date above stated. Oct 20 1922

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper M D

(Physician or midwife)

Given names added from a supplemental report, Nov 1 1922 Address Homedale

Filed Nov 1 1922

S Hopper Registrar

S Hopper Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

VITAL

Boise, Idaho, NOV 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Homedale

Street: —

County: Owyhee

File Number: 105924

Registration Dist. No.:

Date of Birth: Oct. 20th 192.2

Sex of Child: Female

Father: Harold Burnell Watson (Full Name) Mother: Myrtle Eleana Norris (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Myrtle Caline Watson
Child's Name in Full

Mrs. H. B. Watson
Signature of Father or Mother

APR 8 1946

281-203-038 [redacted]

PLACE OF BIRTH

RECEIVED OCT 3 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

Form V. S. No. M-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105925

County of Payette

City of Payette .

Registration District No. 4

File No.

No. St.

Primary Registration District No. 1008

Registered No. 94

Hospital

FULL NAME OF CHILD Marjorie Irene Shafer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 3 1922

FATHER	MOTHER
FULL NAME: Harry J. Shafer	FULL MAIDEN NAME: Hope Alfreda Shearer
RESIDENCE: Payette Idaho	RESIDENCE: Payette Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6;50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McDonald

(Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Oct. 6 1922 J. G. Woodward
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

dup CO1922-309867

685-215 38-365

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105926

County of Paye

City of Payette

State Registration District No. 4

File No.

No. St.

Primary Registration District No. 1008

Registered No. 96

Hospital

FULL NAME OF CHILD Clara Gladys Wherry

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 15 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert J. Wherry	Evelyn Gladys Lovejoy
RESIDENCE	Payette Idaho	Payette, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Ohio	Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.D. McDonald

(Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report

..... 19.....

Registrar

Filed Oct 20 1922

J.O. Woodward
Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street: R. D. # 2

County: Payette

File Number: 105926

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Oct 15 1922.

Father: Albert James Wherry
Full Name

Mother: Evelyn Lovejoy
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Clara Gladys Wherry
Child's Name in Full

Mrs. A. J. Wherry
Signature of Father or Mother

388-205-0381281

Amended 6/12/79

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Registration District No. 4 File No. 105927

Primary Registration District No. 1008 Registered No. 96

Hospital .....

FULL NAME OF CHILD Della Elizabeth B. Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 5 1922

FATHER		MOTHER	
FULL NAME	Julius Christensen	FULL MAIDEN NAME	Sarah Broadhurst
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Richmond Woodward, M.D.

(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed OCT 24 1922 19.....

J. C. Woodward
Registrar

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City: Payette
Street: 16th Street
County: Payette

File Number: 105927

Registration Dist. No.: 3rd

Sex of Child: Female

Date of Birth: Aug 5th 1922

Father: Julius Christensen
Full Name

Mother: Sarah Bradshaw
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Della Elizabeth B Christensen
Child's Name in Full

Julius T Sarah Christensen
Signature of Father or Mother

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
JUN 4 1 39 PM '79
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 105927
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Della Elizabeth B. Christensen (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 5, 1922 (Date of Event)
in Payette, Idaho (Payette) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's first name	Della	Delta

Subscribed and sworn to before me this 31st day of May, 19 79.
Notary Public, Lucia M. Peterson
Residing at Brigham City, Utah
My commission expires May 8, 1982
(Seal)

Delta E Keck
Signature of Applicant
1050 Maple Dr Brigham City, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 5/18/79 lcc pd.

Certif of Baptism from the LDS Church gives name as Delta B. Christian sen daughterof Julius Christiansen and Sarah Bradshaw. bonr Aug 5, 1932 at Payette, Idaho. Baptized July 19, 1931. viewed by V. S.

JUN 12 1979

Certif of Blessing from the LDS Church gives nameas Delta B. Christiansen daughte of Julius Christiansen and Sarah Bradshaw. born Aug 5, 1922 at Payette, Idaho. Blessed Dec 3, 1922. viewed by V. S.

JUN [illegible] 2000

613-208-038-114

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED OCT 1922

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Registration District No. 4 File No. 105928

Hospital .....

Primary Registration District No. 1008 Registered No. 97

FULL NAME OF CHILD Clara Louise Wallace

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	August 5 1922

FATHER		MOTHER	
FULL NAME	Harvey Wallace	FULL MAIDEN NAME	Rena James
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. R. Woodward M. D.

(Physician or midwife)

Address Payette Ida.

Filed OCT 24 1922 19.....

J. O. Woodward Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

NOV 17 1922
BUREAU OF VITAL STATISTICS

Place of Birth — City: Payette

Street: 1469 – 3rd ave. S.

County: .....

File Number: 105928

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: August 8 192 2

Father: Harvey Wallace (Full Name)

Mother: Rena James (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Clara Louise Wallace
Child's Name in Full

Mrs Harvey Wallace
Signature of Father or Mother

296-210-038-258 RE[redacted]

No. 11-C-25m-7-21-19

PLACE OF BIRTH

County of Payette

City of Payette

No. Rt. 1 St.

Hospital Blanchard Maternity Home

FULL NAME OF CHILD Drexel Brown

Registration District No. 4 File No. 105929

Primary Registration District No. 1008 Registered No. 98

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	Aug (Month) 10 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	E Lee Brown	FULL MAIDEN NAME	Fern Mahala Snyder
RESIDENCE	Payette Ida	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Neb (Fairbury)	BIRTHPLACE	Ind (Hanna)
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward M D

(Physician or midwife)

Given names added from a supplemental report.

Address Payette Idaho

19

Filed OCT 24 1922 19

J C Woodward

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 2-19-1941. dp

313-111-038-235

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Registration District No. 4 File No. 105930

Primary Registration District No. 1008 Registered No. 99

Hospital

FULL NAME OF CHILD Gerald James Latting

Sex of Child Male | Twin Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Aug 11 (Month) (Day) 1922 (Year)

FATHER

FULL NAME Arthur F Latting

RESIDENCE Payette Idaho

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Iowa

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Nell S Tyson

RESIDENCE Payette Idaho

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 | Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:30 a M. on the date above stated.

(Born alive or stillborn)

(Signature) J H Woodward, M.D.

(Physician or midwife)

Address Payette Idaho

Filed OCT 24 1922 19

J C Woodward
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

AUG 9 1954

JAN 13 1949

DEC 3 1942

FEB 19 1944

(199-131-038365

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
OCT 31 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 105931

Primary Registration District No. 1008 Registered No. 100

FULL NAME OF CHILD Alton Arbor Drinkwine

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug 31 1922

FATHER		MOTHER	
FULL NAME	W A Drinkwine	FULL MAIDEN NAME	Rose Tonkin
RESIDENCE	Payette Ida	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 ⁰⁵ a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Payette Ida

Filed OCT 24 1922 19.... J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE ... AHO

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, ...

Dear M...

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City French; Street ——; County Payette

File Number 105931

Registration Dist. No. Willow Precinct

Sex of Child Male

Date of Birth August 31 1922

Father William Arber Drinkwine (Full Name)

Mother Rose Toupin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Alton Arber Drinkwine
Child's Name in Full

W A Drinkwine
Signature of Father or Mother

JUL 8 1960

962-104-078-814

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED OCT 31 1922

CERTIFICATE OF BIRTH

105932

County of Payette

City of Payette

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 101

Hospital

FULL NAME OF CHILD William Kinsey Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sep - 4 1922

FATHER		MOTHER	
FULL NAME	Kinsie Robinson	FULL MAIDEN NAME	Ruth Hamby
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Minn	BIRTHPLACE	Colo
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward MD

(Physician or midwife)

Given names added from a supplemental report.

Address Payette Ida

19

Filed OCT 24 1922 19

J C Woodward
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 13 1922 .....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

NOV 13 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

Place of Birth — City: Payette Idaho

Place of Birth — Street: 2nd Ave. South

Place of Birth — County: Payette

File Number: 105932

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Sept 4 1922

Father: Kinsey M. Robinson (Full Name)

Mother: Ruth Hanley Robinson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William Kinsey Robinson
Child's Name in Full

Kinsey M. Robinson
Signature of Father or Mother

DUP OF 22-319643

866-171-038-168

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 105933

Primary Registration District No. 1008 Registered No. 102

FULL NAME OF CHILD WALTER EARL HOWARD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sep (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John Howard	FULL MAIDEN NAME	Effie Johnson
RESIDENCE	Payette Idaho	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 30 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Payette Ida

Filed OCT 24 1922 19.... J. C. Woodward

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 105933

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Howard (Name on Original Certificate) who born (Was Born or Died) on Sept. 11, 1922 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Father (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Walter Earl Howard

Subscribed and sworn to before me this 27th
day of August, 1942
Marian E. Orr
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
(Seal)

Signed John H Howard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 13 1966

AUG 29 1969

719-112-038-534

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED OCT 31 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105934

County of Payette

City of ~~Payette~~ City of Fruitland

No. ..... St.

Registration District No. 4 File No. .....

Primary Registration District No. 1008 Registered No. 103

Hospital .....

FULL NAME OF CHILD Jack Eldredge Gardner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Sep (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Amos A Gardner	FULL MAIDEN NAME	Lola Eldridge
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White AGE AT LAST BIRTHDAY 21 (Years)	COLOR	White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Kan.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Payette Idaho.

Registrar

Filed OCT 24 1922 19.... J C Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Fruitland

Street:

County: Payette.

File Number: 105934

Registration Dist. No.:

Date of Birth: September 12 1922

Sex of Child: Male

Father: Amos A. Gardner (Full Name)

Mother: Leora E. Eldredge. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jack Eldredge Gardner (Child's Name in Full)

Mrs Amos A. Gardner. (Signature of Father or Mother)

653-216-038-619

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105935

County of Payette

City of Payette

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 104

Hospital

FULL NAME OF CHILD Ida Belle Wells

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				Yes	Sept 16 1922

FATHER		MOTHER	
FULL NAME	Jay C. Wells	FULL MAIDEN NAME	Flay Warden
RESIDENCE	Payette Ida	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward M D

(Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report.

19

Registrar

Filed OCT 24 1922 19

J. C. Woodward
Registrar

RECEIVED
NOV 18 1922
BUREAU OF VITAL
STATISTICS

S[illegible] IDAHO

DEPARTM[illegible] [illegible]UBLIC WELFARE

Boise, Idaho,.. ....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City ....Payette....
- Street ....R. F. D. 2....
- County ....Payette....

File Number ....105935....

Registration Dist. No. ....

Date of Birth ....Sept 16....192 2

Sex of Child....Female....

Father ....Fay. C. Wells....
Full Name

Mother ....Floy Belle Warden....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

....Ida Belle Wells....
Child's Name in Full

....Fay. C. Wells....
Signature of Father or Mother

SEP 1 0 1942

363.119-038-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 24 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105936

County of Payette

City of Payette

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 105

Hospital

FULL NAME OF CHILD Virginia Monroe Lockerman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 19 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Guy L Lockerman	Cora M Lanier
RESIDENCE	Payette Idaho	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	N Carolina	Virg
OCCUPATION	P. O. Clerk	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 13 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Woodward M D

(Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report.

19

Registrar

Filed OCT 24 1922 19

J E Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette Idaho

Street: 1149 No. 6th St

County: Payette.

File Number: 105936

Registration Dist. No.:

Date of Birth: Sept 19th 1922

Sex of Child: Male

Father: Guy L. Cockerum (Full Name)

Mother: Dora M. ~~Cockerum~~ Dorico (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dwight Monroe Cockerum
Child's Name in Full

Guy L. Cockerum
Signature of Father or Mother

345-219-038-695

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4 File No. 105937

No. ..... St.

Primary Registration District No. 1008 Registered No. 106

Hospital .....

FULL NAME OF CHILD Velma Virginia Lund

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept. 19 1922

FATHER		MOTHER	
FULL NAME	A Lund	FULL MAIDEN NAME	Ethel French
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Kans
OCCUPATION	Engineer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 30 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward M D

(Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed OCT 24 1922 19.... J C Woodward

Registrar

SEP 17 1947

168-127-038-236

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105938

County of Payette

City of Payette

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 107

Hospital

FULL NAME OF CHILD Norman Walter Johnston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 27 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter L. Johnston	Veronica S. Lowe
RESIDENCE	Payette Idaho	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	22
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Laundry man	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Woodward M D

(Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report.

19

Registrar

Filed OCT 24 1922 19 J. E. Woodward

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/4/41 L. B.

NOV 17 1922
BUREAU OF VITAL STATISTICS

Place of Birth — City: Payette Idaho

Street: 425 N. 10th

County: Payette

File Number: 105938

Registration Dist. No.:

Sex of Child: Male

Date of Birth: September 27, 1922

Father: Walter Luther Johnston (Full Name)

Mother: Livonia Isabel Stone (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Norman Walter Johnston

Child's Name in Full

Mrs. Walter L. Johnston

Signature of Father or Mother

253.229.038-255

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Payette RECEIVED OCT 24 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

CERTIFICATE OF BIRTH

City of Payette Registration District No. 4 File No. 105939

No. ..... St. .....

Primary Registration District No. 1008 Registered No. 108.

Hospital .....

FULL NAME OF CHILD Verna Alice Becker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 29 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Val Becker	Etta Keele
RESIDENCE	Payette Idaho	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	21
BIRTHPLACE	Ore.	Idaho
OCCUPATION	Cattleman	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward M. D.
(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed OCT 24 1922 19.....

J. C. Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1[illegible]

BUREAU OF VITAL STATISTICS

The name of the baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette,

Street: 336 North 6th Street.

County: Payette.

File Number [redacted] 105939

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Sept. 28, 1922. 192....

Father: Valencourt C. Becker.
Full Name

Mother: Alta Keele.
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Verna Alice Becker.
Child's Name in Full

Mrs Val Becker.
Signature of Father or Mother

219-109-038-65-9

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105940

County of Payette

City of Payette

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 109

Hospital

FULL NAME OF CHILD Leland Kenneth Karr

Sex of Child Male | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 04 (Month) - 9 (Day) - 22 (Year)

FATHER	MOTHER
FULL NAME A R Karr	FULL MAIDEN NAME Clara Weidenhiller
RESIDENCE Payette Idaho	RESIDENCE Payette Idaho
COLOR White — AGE AT LAST BIRTHDAY 33 (Years)	COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Ill —	BIRTHPLACE Juneau, Alaska
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

(Signature) J. R. Woodward M.D.

(Physician or midwife)

Address Payette Idaho

Filed OCT 24 1922 19

J. R. Woodward Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

RECEIVED
DEC 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

NOV 13 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street: .....

County: Payette

File Number: 105940

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: October 9 192.2

Father: Arthur R. Karr (Full Name)

Mother: Dora May Nittenb (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Leland Kenneth Karr
Child's Name in Full

Mrs. Arthur R. Karr
Signature of Father or Mother

22
79 SEP 29 1944 SEP 6 1944 109 13 122

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

286-113-038-132

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105941

County of Payette

City of Payette

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 110

Hospital

FULL NAME OF CHILD Chas. B Short, Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 13 1922

FATHER		MOTHER	
FULL NAME	Chas B Short	FULL MAIDEN NAME	Gwendolin Colpaugh
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kan.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:45 P M. on the date above stated.

(Born alive or stillborn)

(Signature) J. P. Woodward M.D.

(Physician or midwife)

Address Payette Ida

Filed OCT 24 1922 19 J. C. Woodward

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

STATE OF IDAHO

DEPART... WELFARE

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED
NOV 17 1922
BUREAU OF VITAL STATISTICS

Place of Birth
City Payette
Street 353 north 6th St.
County Payette

File Number 105941

Registration Dist. No. .....

Date of Birth Oct. 13 1922.

Sex of Child Male

Father Chas. B. Shoch
Full Name

Mother Juanita Cecile Alspaugh.
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Chas. B. Shoch Jr.
Child's Name in Full

Chas. B. Shoch
Signature of Father or Mother

Form 342

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

141-214-078-993

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4 File No. 105942

No. St.

Primary Registration District No. 1008 Registered No. 111

Hospital

FULL NAME OF CHILD Ella Marie Adams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	Oct (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Arthur H Adams	FULL MAIDEN NAME	Grace Richardson
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Payette Ida

Registrar

Filed OCT 24 1922 19 J C Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

13217-038-685

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 105943

Primary Registration District No. 1108 Registered No. 112

FULL NAME OF CHILD Jean Ellen Ball

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Fem			Yes	Dec	17	1922

FATHER		MOTHER	
FULL NAME	Jesse E Ball	FULL MAIDEN NAME	Edna Field
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1130 a. m. on the date above stated.

(Signature) J. K. Woodward M.D.

(Physician or midwife)

Address Payette Idaho

Filed OCT 24 1922 19

J. C. Woodward
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

1941

SEVERAL REAS[illegible]Y A CERTIF

BE FILED FOR EACH CHILD [illegible] THE SAME C[illegible]

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street: N. 7th St.

County: Payette

File Number: 105943

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Oct 17 192.2.

Father: Jesse E. Ball (Full Name)

Mother: Edna A. Field. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jean Ellen Ball

Child's Name in Full

Edna A. Ball

Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

659-121-038-451

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105944

County of Payette

City of Payette

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 113

Hospital

FULL NAME OF CHILD Lloyd Marshall Ferguson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 21 1922

FATHER		MOTHER	
FULL NAME	Floyd M Ferguson	FULL MAIDEN NAME	Alice Dean
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Utah
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Woodward M D
(Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report.

19

Registrar

Filed OCT 24 1922 19

J C Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICAT[illegible]IRTH SH[illegible]

E FILED [illegible] SAME COMPLETED WITH THE [illegible]

ance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED
NOV 1. 1922
BUREAU OF VITAL STATISTICS

Place of Birth — City: Payette Idaho

Street: Center Ave

County: Payette Co.

File Number: 105944

Registration Dist. No.:

Sex of Child: Male

Date of Birth: October 21 1922.

Father: Lloyd Marshall Ferguson (Full Name)

Mother: Alice Lillian Dean (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lloyd Marshall Ferguson Jr. (Child's Name in Full)

Mrs. Lloyd Ferguson (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance,
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

231-227-035 -389

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED OCT 24 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 105 File No. 105945

No. ..... St.

Primary Registration District No. ..... Registered No. 114

Hospital .....

FULL NAME OF CHILD Claudine Margaret Stanton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				Yes.	Oct 23 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas W Stanton	Jessie E Thistle
RESIDENCE	Payette Idaho	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Wyo.	Wis
OCCUPATION	Drayman	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 330 a. M. on the date above stated.

(Signature) J R Woods Woods M.D

(Physician or midwife)

Address Payette Idaho

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed ..... 19.....

Registrar

K

SEVERAL REASONS WHY A CERTIFICA
OR EACH CHILD AND THE SAME COMPL

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street: 624 N 6th

County: Payette

File Number: 105945

Registration Dist. No.:

Date of Birth: Oct 23 1922

Sex of Child: Female

Father: James Watson Stanton (Full Name)

Mother: Jessie Eva Thistle (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Claudine Margaret Stanton
Child's Name in Full

Mrs. Jas W. Stanton
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

499-122-038-238

PLACE OF BIRTH

County of Payette

City of Fruitland

No. ..... St.

Hospital .....

RECEIVED NOV 1922 VITAL

Registration District No. .....

Primary Registration District No. .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 105946

Registered No. .....

Full Name of Child Raymond John Driscoll

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
male		yes	Sept 22 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John J. Driscoll	FULL MAIDEN NAME	Elizabeth Scholes
RESIDENCE	Fruitland Idaho	RESIDENCE	Fruitland Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Weese MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Ontario Oregon

Filed Oct. 21 1922, C. C. Paxton

Registrar

314-125-038-557

PLACE OF BIRTH

County of Payette

City of Fruitland

No. _____ St.

Hospital _____

NOV [illegible]

BUREAU OF VITAL STATISTICS

STATE OF IDAHO

Form V. S. No. 11—25m-4-15-18

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 105947

Primary Registration District No. _____ Registered No. _____

Full Name of Child Charles Maynard Campbell

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
male		yes	Sept 25 1922

FATHER

FULL NAME: Mark L Campbell

RESIDENCE: Yellow Pine Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Illinois

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Emma Engberg

RESIDENCE: Yellow Pine Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J Wilke MD

(Physician or midwife)

Address Ontario, Oregon

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 21 1923 C. E. Paxton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICAT
FILED FOR EACH CHILD AND THE SAME

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Fruitland — Street: — Ida — County: Payette

File Number: 105947

Registration Dist. No.:

Date of Birth: Sept 25 1922

Sex of Child: Male

Father: Mark L. Campbell (Full Name)

Mother: Emma T. Campbell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charles Maynard Campbell
Child's Name in Full

Emma T. Campbell
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

395

[redacted]

Form V. S. No. 11—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH T05948

County of Payette

City of Fruitland

Registration District No.

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

Full Name of Child Lois Evelyn Linck

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	Sept 27 1922

FATHER

FULL NAME: Arthur P Linck

RESIDENCE: Moscow Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Illinois

OCCUPATION: Student

MOTHER

FULL MAIDEN NAME: Bernice E Magee

RESIDENCE: Moscow Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J Meeke MD

(Physician or midwife)

Address Ontario Oregon

Given names added from a supplemental report.

.....19.....

Registrar

Filed Oct 21 1922 C. C. Paxton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUL 12 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Fruitland

No. _____ St.

Hospital _____

Registration District No. _____

Primary Registration District No. _____

File No. 105949

Registered No. _____

Full Name of Child Laurel Verne Amick

SEX OF CHILD Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

DATE OF BIRTH Oct (Month) 27 (Day) 22 (Year)

FATHER	MOTHER
FULL NAME O Chester Amick	FULL MAIDEN NAME Viola G Bowers
RESIDENCE Fruitland, Idaho	RESIDENCE Fruitland Idaho
COLOR white AGE AT LAST BIRTHDAY 30 (Years)	COLOR white AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Kansas
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J Weese MD
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Ontario, Oregon

Registrar

Filed Oct 31 1922 C. C. Paxton
Registrar

[redacted]

JAN 24 1974

JUN 19 1942

693-231-038-89 [redacted] Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO.
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Fruitland

NOV 1922
BUREAU OF VITAL STATISTICS

Registration District No. ____ File No. 105950

No. ____ St. ____

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Leslie Claire Williams

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	Oct. 31 1922

FATHER		MOTHER	
FULL NAME	R. Henry Williams	FULL MAIDEN NAME	Effie Hickox
RESIDENCE	Fruitland	RESIDENCE	Fruitland
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Oregon	BIRTHPLACE	Texas
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Payton MD
(Physician or midwife)

Address Fruitland Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed Oct. 31 1922 C. C. Payton
Registrar

389-201-24X-795

PLACE OF BIRTH

[redacted]

NOV 3 1922

BUR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105951

County of Teton

City of Tetonia

No. ..... St.

Registration District No. 77 File No. .....

Hospital ..... Primary Registration District No. 2176 Registered No. 101

FULL NAME OF CHILD Fern Christopherson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Oct 1 1922

What bactericidal solution was used in eyes? 10% Argarol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	J. [illegible]son	FULL MAIDEN NAME	Eva Sonnie Gregory
RESIDENCE	Tetonia Idaho	RESIDENCE	Tetonia
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancheman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Culbertson
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Driggs Idaho

Filed Oct 31 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693.110.041-647

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105952

County of Teton

City of Driggs

No. ..... St. Registration District No. 177 File No. .....

Hospital ..... Primary Registration District No. 2176 Registered No. 102

FULL NAME OF CHILD Glen Henry Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Oct 10 1922

What bactericidal solution was used in eyes? 10% argonal

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Jane Walton Williams	FULL MAIDEN NAME	Lola Mame Fraga
RESIDENCE	Driggs Ida	RESIDENCE	Driggs
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Louissana	BIRTHPLACE	Ill.
OCCUPATION	Rancheman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Culbertson

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Driggs Idaho

Filed Oct 31 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335-222-041-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105953

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. .....

Primary Registration District No. 2176 Registered No. 105

FULL NAME OF CHILD Melissa Clements
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Sept 22 192

What bactericidal solution was used in eyes? 10 gr. agard

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 11

FATHER		MOTHER	
FULL NAME	Heber F Clements	FULL MAIDEN NAME	Ella Jones
RESIDENCE	Driggs Ida	RESIDENCE	Driggs
COLOR	W AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	West Virginia
OCCUPATION	Ranchman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Culbertson
Physician
(Physician or midwife)

Address Diggs Idaho

Filed Oct 31st 1922 Martha Marker
Registrar

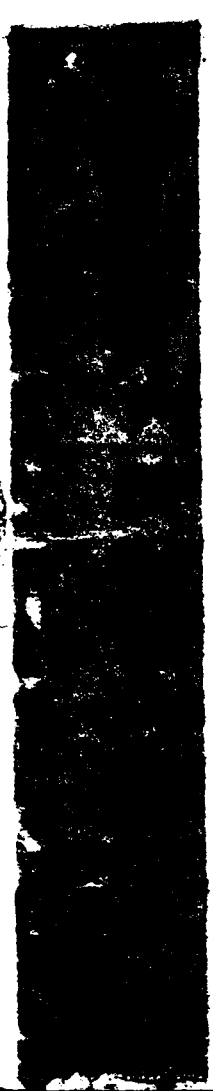
Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



643-224-041-386 12-19-83 dl

PLACE OF BIRTH amend childs name and fathers last name

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105954

County of Teton

City of Tetonia

No. ..... St.

Registration District No. 77 File No. .....

Hospital ..... Primary Registration District No. 2176 Registered No. 106

FULL NAME OF CHILD ~~Margaret~~ ~~Fullmer~~ Goldie Louise Fullmer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Sept 24 1922

What bactericidal solution was used in eyes? 10 % argerol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Horace Preston ~~Fullmer~~ Fullmer	FULL MAIDEN NAME	Hazel Alice Thomas
RESIDENCE	Tetonia Ida	RESIDENCE	Tetonia
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	California
OCCUPATION	Ranchman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5-8 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culberton

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Driggs Idaho

Filed Oct 31st 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 15 1944

11-25-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 105954
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Margaret Fulmer (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 24, 1922 (Date of Event)

in (Teton) Tetonia (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
name of child	Margaret Fulmer	Goldie Louise Fullmer
fathers last name	Fulmer	Fullmer

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

x Goldie Louise Fullmer (Live)
Signature of Applicant
x Rt #2 Box 12i A
Street Address, City, State
Blackfoot Idaho 83221

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Teton }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of December 19 83

Notary Public, [illegible] Moses
Residing at Driggs
My commission expires [illegible]
(Seal)

William J. O'Brien
Supporting Signature
Tetonia Idaho 83452
Street Address, City, State

lcc pd

Record of Blessing from LDS Church gives Goldie Louise Fullmer daughter of Horace Preston Fullmer and Hazel Alice Thomas born Sept 24, 1922 in Tetonia was blessed Dec 3, 1922. Viewed by V.S.

DEC 19 1983

Record of Baptism from LDS Church gives Goldie Louise Fullmer born Sept 24, 1922 in Tetonia to Horace P Fullmer and Hazel A. Thomas and was baptised Aug 30, 1931. Viewed by V.S.

238-228-04-655 CHILD'S FIRST NAME AMENDED 10-15-2010 CMW

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 3 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105955

County of Teton

City of Victor

No. ..... St.

Registration District No. 77 File No. .....

Hospital ..... Primary Registration District No. 2176 Registered No. 107

FULL NAME OF CHILD ~~Crystal~~ CHRYSTAL Mae Schiers
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		yes	Sept 28 1922

What bactericidal solution was used in eyes? 10 d. argard

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Charles Ulrich Schiers	FULL MAIDEN NAME	Laura Grace Weeks
RESIDENCE	Victor Ida	RESIDENCE	Victor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancheman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address Dugg Idaho.

Filed Oct 31 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 2010

[redacted] 1957

OCT 12 2010

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Oregon } SS
County of Multnomal }

Certificate No. 1922-105955

Date Filed 11/03/1922

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)

for Crystal Mae Schiers (Name on Original Certificate) who was born (Was Born, Died, etc.) on 09/28/1922 (Date of Event)

in Victor (Teton Co), Id. (Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's first name	Crystal	Chrystal

Subscribed and sworn to before me this 7th day of October, 2010

Notary Public, Margaret A Spooner

Residing at Portland OR

My commission expires February 24 2014

(Seal)

OFFICIAL SEAL
MARGARET A SPOONER
NOTARY PUBLIC - OREGON
COMMISSION NO. 446937
MY COMMISSION EXPIRES FEBRUARY 24, 2014

Chrystal Mae Anderson
Signature of Applicant

250 SE 12th Ave, Portland OR 97233
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐) _____

(Is not necessary ☒) _____

State of _____ } SS
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____,

Notary Public, _____

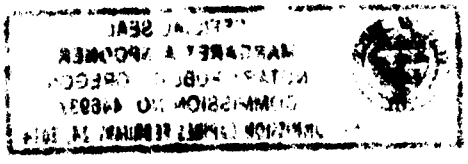
Residing at _____

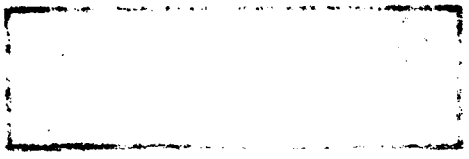
My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

September 9, 2010 OREGON DRIVER'S LICENSE CHRYSTAL MAE ANDERSON ISSUED 9-25-2002 VIEWED BY VS
WELLS FARGO CREDIT DEFENSE CERTIFICATE OF ENROLLMENT CHRYSTAL M ANDERSON COVERAGE EFFECTIVE DATE 3-28-2003 VIEWED BY VS





993-111-04-299

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Felt

No. ..... St.

Registration District No. 77 File No. 105956

Hospital

Primary Registration District No. 9176 Registered No. 112

FULL NAME OF CHILD Isaac Davis Richards
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Oct 11 1922

What bactericidal solution was used in eyes? 1% Nitrate

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 11

FATHER		MOTHER	
FULL NAME	J. W. Richards	FULL MAIDEN NAME	Eliza Bird
RESIDENCE	Felt Idaho	RESIDENCE	Felt
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a boy, at 3 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. S. Culbertson

Physician
(Physician or midwife)

Address Driggs Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct 31st 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 1941

FEB 25 1974

38-0213-041-786

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED NOV 3 1922

County of Teton

City of Driggs

No. St.

Registration District No. 77 File No. 105957

Hospital

Primary Registration District No. 2176 Registered No. 103

FULL NAME OF CHILD Ophe Thompson

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	Oct 13 1922

What bactericidal solution was used in eyes? 1% argent.

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	W W Thompson	FULL MAIDEN NAME	Bessie Thompson
RESIDENCE	Driggs Ida	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Saloon man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) H. H. Colburn

Physician
(Physician or midwife)

Address Driggs Ida

Filed Oct 31 1922 Martha Markat
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

MAY 14 1965

893-200-041-513

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105958

County of Teton

City of Drizzle

Registration District No. 77 File No.

No. St.

Primary Registration District No. 2176 Registered No. 76

Hospital

FULL NAME OF CHILD Marjorie Hillman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Female		Yes	

FATHER		MOTHER	
FULL NAME	Ray L. Hillman	FULL MAIDEN NAME	Ira Valentine
RESIDENCE	Drizzle Idaho	RESIDENCE	Drizzle Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Drizzle Idaho

Filed Aug 30 1922

Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1K

DECEASED

Date: 3/14/2005 Time: 1:38:15 PM

File Dt **03/07/2005** IDAHO DEATHS Cert No **2005 01724**
HWVD3DIP Screen 1 **HWVD3I1M** Death Dt **02/24/2005**
DECD Fst Nme **MARJORIE** Mdl **HILLMAN**
Lst Nme **GRIFFITH** Sfx Sex **F** SSN **519052018**
Age **082** DOB **03 28 1922** Brth City **DRIGGS** Brthst **ID IDAHO**
RES St **ID IDAHO** Cnty **081 TETON** City **DRIGGS** **22690**
Addr **340 N. MAIN ST.** Apt ZIP **83422** Ctylm **Y**
Marital **W** Spouse Mltry **N**
FTHR Fst Nme **ROY** Mdl **L.**
Lst Nme **HILLMAN** Sfx Brthst **UT UTAH**
MTHR Fst Nme **IVA** Mdl
Lst Nme **VALENTINE** Sfx Brthst **ID IDAHO**
Disp **B** FnlFac **VAD VALLEY MORTUARY** Mort M0785 **MCKAGUE, S** Cor Ref **Y**
DEATH Place **1** Death Fac **123 MADISON MEMORIAL HOSPITAL**
Cnty **065 MADISON** City **REXBURG** **67420** ZIP **83440**
Death Date **02 24 2005** Time **0120 M** Mod
Pro Dead Date **02 24 2005** Time **0120 M** Certfr **13578** **PACKER, MICHA** Dte **02 28 2005**
Local File Dt **03 03 2005** Occ **022 MGRS & ADM** Indst **060 CONSTRUCTI** Educ **3**
Hisp 1 **N** 2 **N** 3 **N** 4 **N** Other
Race **01** Missing
AMEND CH ACT

PA1-Exit F5-Next Scrn F7-Back F8-Next F13-Search F14-Print F15-AKAscrn

249 21C-041-449

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

name added 3/31/81

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105959

County of Teton

City of Darby

Registration District No. 77

File No.

No. St.

Hospital home

Primary Registration District No. 2176

Registered No. 99

FULL NAME OF CHILD Burgener, Lily Thelma

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
girl				yes	9	10	1922

	FATHER	MOTHER
FULL NAME	John J. Burgener	FULL MAIDEN NAME Clara Durtacka
RESIDENCE	Darby Ida.	RESIDENCE Darby Idaho
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years) 37
BIRTHPLACE	Midway Utah	BIRTHPLACE Bern Co Switz
OCCUPATION	farmer	OCCUPATION house wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily J. Busley

Midwife

(Physician or midwife)

Given names added from a supplemental report.

19

Address Driggs, Idaho.

Filed Oct 30 1922

Martin Marker
Registrar

Registrar

1-15-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
FEB 10 1981
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 105959
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Burgener (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-10-22 (Date of Event)

in Darby (Teton) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Lily Thelma Burgener

Subscribed and sworn to before me this 5th day of February 19 81.

Notary Public, Golda R Lyonland
Residing at Orem, Utah
My commission expires 12-17-81
(Seal)

Lily Thelma Burgener
Signature of Applicant
467 N. 150 E. Lindon, Ut.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Utah } ss.
County of Utah }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of February 19 81.

Notary Public, Golda R Lyonland
Residing at Orem, Utah
My commission expires 12-17-81
(Seal)

Joseph Reed Burgener
Supporting Signature
391 North 750 East Orem Utah
Street Address, City, State

2 cc pd

Certif of Blessing from LDS Church gives name as
Lilly Thelma Burgner daughter of John J. Burgner &
Clara Dartschi Born Sept 10, 1922 Darby Idaho.
Blessed Oct 1, 1922. viewed by U.S.

Certif of Baptism from LDS Church gives name as
Lilly Burgener daughter of John J. Burgener &
Clara Dartschi, Born Sept 10, 1922 Baptized
Nov 2, 1930 viewed by U.S.

APR 3 1981

3/4-229-041-855

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Teton NOV 3 192 CERTIFICATE OF BIRTH

City of Felt BU... Registration District No. 77 File No. 105960

No. ..... St.

Hospital home Primary Registration District No. 2176 Registered No. 100

FULL NAME OF CHILD Musel Ruth Laughlin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
girl				yes	9	29	22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Laughlin	Elva H. Henderson
RESIDENCE	Felt Idaho	Felt Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Lincon Co Kansas	Bates Idaho
OCCUPATION	Rancher	Mother

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Emily J. Beasley

midwife
(Physician or midwife)

Address Driggs, Idaho

Filed Oct 30— 1922 Martha Markes
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

NOV 1922

Boise, Idaho, Nov 9, 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Felt, Ida

Street:

County: Teton

File Number: 105960

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Sept 29 192 2

Father: George A Laughlin (Full Name)

Mother: Elva Helen Hendrickson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Muriel Ruth Laughlin
Child's Name in Full

Mrs Elva Laughlin
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

855-[illegible]-041-566

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Teton

City of Felt

No.

Hospital

CERTIFICATE OF BIRTH

105961

Registration District No. 77 File No.

Primary Registration District No. 2176 Registered No. 104

FULL NAME OF CHILD NOLA Hendrickson
(Certificate of no value without full name of child.)

Sex of Child	Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		yes	Oct 14 1922

What bactericidal solution was used in eyes? 1 Argarol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	J. J. Hendrickson	FULL MAIDEN NAME	Elva Permilla Howard
RESIDENCE	Felt	RESIDENCE	Felt
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Ranchman	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Culberson
Physician
(Physician or midwife)

Address Driggs Idaho

Filed Oct 31 1922 Martha Marker
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 0 1944

413-106-041-415

PLACE OF BIRTH

NOV 6 1922

STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. 105962

Primary Registration District No. 2176 Registered No. 111

FULL NAME OF CHILD ARTHUR CHAD Daley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Oct 6 1922

What bactericidal solution was used in eyes? 10% Argand

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Jean Daley	FULL MAIDEN NAME	Harriet Daniels
RESIDENCE	Driggs Ida	RESIDENCE	Driggs
COLOR	W AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Ranchman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.8 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson

Physician (Physician or midwife)

Address [illegible]

Filed Oct 31st 1922 Martha Marker
Registrar.

Give names added from a supplemental report.

....., 19..

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...les ...
...tes be filed with th...
...mpleted by ... ing the name of the ch...
D... ...E BABE...
...SIST BY ... ...AME OF YOUR CHILD...
...E OF ...

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Utah }

Certificate No. 105962

JAN 19 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Arthur Chad Daley (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Sept. 6-1922 (DATE OF EVENT) in Twin Falls (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Church record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Entered 3 June 1923 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "~~CAUSE OF DEATH~~", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Daley	Arthur Chad Daley

Subscribed and sworn to before me this 13th day of January, 19 42

Notary Public, residing at Payson, Utah

My commission expires 7-8-43.

(SEAL)

Signed Harriet Daley
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

140 E 6th So Payson, Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Utah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of January, 19 42

Notary Public, residing at Payson, Utah

My commission expires 7-8-43

(SEAL)

Signed Margaret E. Daley
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

647 South 1st East Payson Utah
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

2 6 1942

666-107·041-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105963

County of Teton

City of Victor

No. ..... St.

Registration District No. 77 File No. .....

Hospital .....

Primary Registration District No. 2176 Registered No. 110

FULL NAME OF CHILD ? Woolstenhulme Richard Levier
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Oct 7 1922

What bactericidal solution was used in eyes? 10% Argarol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Paul Lewis Woolstenhulme	FULL MAIDEN NAME	Lilian Kersley
RESIDENCE	Victor Ida	RESIDENCE	Victor
COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Ranchman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Culbertson
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Dugan Idaho

Filed Oct 31 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STAT

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

1922

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City ....Victor.... Street ..... County ....Teton....

File Number ....105963....

Registration Dist. No. ....51....

Sex of Child ....Male....

Date of Birth ....Oct. 7.... 1922

Father ....Paul Leveir Woolstenhulme.... Full Name

Mother ....Lillian Sarah Kear (Coyle).... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

....Richard Leveir Woolstenhulme....
Child's Name in Full

....Mrs. P. L. Woolstenhulme....
Signature of Father or Mother

BUREAU OF VITAL STATISTICS 1922

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has n protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-ed to furnish certified copies of certificates of birth, it is im-ant that the certificates be filed with the BUREAU OF VITAL STATIS- and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

944-123-041-215

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 3 1922 BUREAU

CERTIFICATE OF BIRTH

County of Teton

City of Tetonia

No. ..... St.

Registration District No. 77 File No. 105964

Hospital ..... Primary Registration District No. 2176 Registered No. 109

FULL NAME OF CHILD Otto Hayes Rudolph
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Sept 23 1922

What bactericidal solution was used in eyes? 10% argyl

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Otto Franz Rudolph	FULL MAIDEN NAME	FLORENCE LEON ~~Frances Leon~~ Santter
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Ranchman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Driggs Idaho

Filed Oct 31 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WORKS

NOT

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

1 3 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Tetonia; Street; County Teton

File Number 105964

Registration Dist. No. Richvale Mt.

Date of Birth Sept. 22 1922

Sex of Child Male

Father Otto Franz Rudolph (Full Name)

Mother Florence Leon Sautter (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Otto Hayes Rudolph
Child's Name in Full

Mrs. O. F. Rudolph
Signature of Father or Mother

DUP OF 22-128 579

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

SEP 9 1935

NOT

557127·041-393

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 1922

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. 105965

Primary Registration District No. 9176 Registered No. 108

FULL NAME OF CHILD ? Engberson RAY DALE ENGBERSON
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
X Male		Yes	Sept 27 1922

What bactericidal solution was used in eyes? 1/4 argaul

Number of child of this mother, including present birth 12 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	C. J. Engberson	FULL MAIDEN NAME	Eve Little
RESIDENCE	Driggs Ida	RESIDENCE	Driggs
COLOR	W AGE AT LAST BIRTHDAY 49 (Years)	COLOR	W AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Ranchman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Culbertson

Physician (Physician or midwife)

Address Driggs Idaho

Filed Oct 31 1922 Martha Marker
Registrar.

Give names added from a supplemental report.

....., 19...

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Teton } ss.

SEP 8 1942

Certificate No. 105965

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ray Dale Engberson
Sex	Female	Male

Subscribed and sworn to before me this 5th
day of September, 1942

Notary Public, residing at Driggs, Idaho
My commission expires June 14 1945
(Seal)

Signed × Glenn J Engberson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Driggs, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

692-201-042-122

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St.

Registration District No. 39 File No. 105966

Hospital ____ Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Bessie Marie Wisdom
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	9-1 192X

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	O. E. Wisdom.	FULL MAIDEN NAME	Rebca Asbury.
RESIDENCE	Buhl.	RESIDENCE	Dana
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Mo.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Address Buhl Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 9-5 192X J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVER

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street: .....

County: Twin Falls

File Number: 105966

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Sept 1, 1924

Father: Arie E. Wisdom
Full Name

Mother: Rebecca A. Asbury
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Bessie Mae Wisdom
Child's Name in Full

Arie E. Wisdom
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

294-104: 042-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St.

Registration District No. 39 File No. 105967

Hospital ____ Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Alexander M. Sims
(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male	1	yes	9-4-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Joseph Shields Sims	FULL MAIDEN NAME Edith May Milner
RESIDENCE Buhl	RESIDENCE Buhl
COLOR wht.	COLOR wht.
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Utah	BIRTHPLACE Iowa
OCCUPATION Laborer	OCCUPATION H's wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jennings
(Physician or midwife)

Address Buhl

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed SEP 30 1922

J. H. Murphey
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-204-042-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 1 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

105968

County of Twin Falls
City of Buhl
No. ____ St.
Hospital ____
Registration District No. 39
Primary Registration District No. 2087
File No. ____
Registered No. ____

FULL NAME OF CHILD Alice Milner Sims
(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet or other?~~ (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.		2	yes	9-4-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Joseph Shields Sims	FULL MAIDEN NAME	Edith May Milner
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wht.	COLOR	Wht.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 6:10 A. M.
(Born alive or stillborn)
on the date above stated.

(Signature) Geo Jennings M.D.
(Physician or midwife)

Address Buhl

Filed SEP 30 1922 J. H. Murphy Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 105968

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	none seven	Alice Milner Sims

Subscribed and sworn to before me this 19th day of Feb. 1943

Notary Public, residing at Boise

My commission expires 1/14/47

(SEAL)

Signed x Edith Sims

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

JAN 12 1970

FEB 19 1943

595-104-042555

PLACE OF BIRTH

RECEIVED OCT ... BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 105969

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Carl Amos Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	9 4 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John W. Nelson	FULL MAIDEN NAME	Edna Nene
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. McClusky

Phys. (Physician or midwife)

Address Buhl Ida

Filed SEP 30 1922 192

Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1943

JUL 9 1949

255-106-042-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 26 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105970

County of Twin Falls

City of Castleford

No. ..... St.

Registration District No. 39 File No. .....

Hospital .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Eugene Robert Senften
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	9 6 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	H. R. Senften	FULL MAIDEN NAME	Ruth Smithwick
RESIDENCE	Castleford	RESIDENCE	Castleford
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Ruhl Ida

Filed SEP 30 1922 192..

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A [illegible]TIFICATE OF BIRTH SHOULD
) FOR EACH CHILD AND THE [illegible]

Dear Madam: BUREAU OF STATISTICS

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Castleford

Street: .....

County: Twin Falls

File Number: 105970

Registration Dist. No.: 9

Date of Birth: Sept. 16th 1922

Sex of Child: Male

Father: Henry R. Senften (Full Name)

Mother: Ruth Ann Smithwick (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eugene Robert Senften (Child's Name in Full)

Ruth Senften (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

113-210-042-556

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 5

CERTIFICATE OF BIRTH 105971

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. .....

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Margaret Isabelle Jackson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	9 10 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William B. Jackson	FULL MAIDEN NAME	Alice Newell
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ontario Canada	BIRTHPLACE	St John's Nova Scotia
OCCUPATION	Butcher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey
Phys
(Physician or midwife)

Address Buhl Ida

Filed SEP 30 1922

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-110-042-513

PLACE OF BIRTH

RECEIVED SEP 9

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105972

County of Twin Falls

City of Buhl

No. ____ St.

Registration District No. 39 File No. ____

Hospital ____ Primary Registration District No. 2081 Registered No. ____

FULL NAME OF CHILD Henry Rudolph Hartl
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	9 - 10 - 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Joseph Hartl	FULL MAIDEN NAME	Annie Vatrouhek
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wht.	COLOR	Wht.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Bohemia	BIRTHPLACE	Bohemia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo Jennings

(Physician or midwife)

Address Buhl

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed SEP 30 1922 J. H. Umpleby Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
NOV 21 1922
BUREAU OF VITAL STATISTICS

OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

NOV 13 1922

Boise, Idaho, SEP - 9 1922 NOV 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burl

Street:

County: Twin Falls

File Number: 105972

Registration Dist. No.: Castlefford

Date of Birth: 10 Sept. 1922

Sex of Child: Male

Father: Joseph Hartl (Full Name)

Mother: Annie [redacted] Vot (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Henry, Rudolph Hartl (Child's Name in Full)

Joseph Hartl Annie Hartl

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
ED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

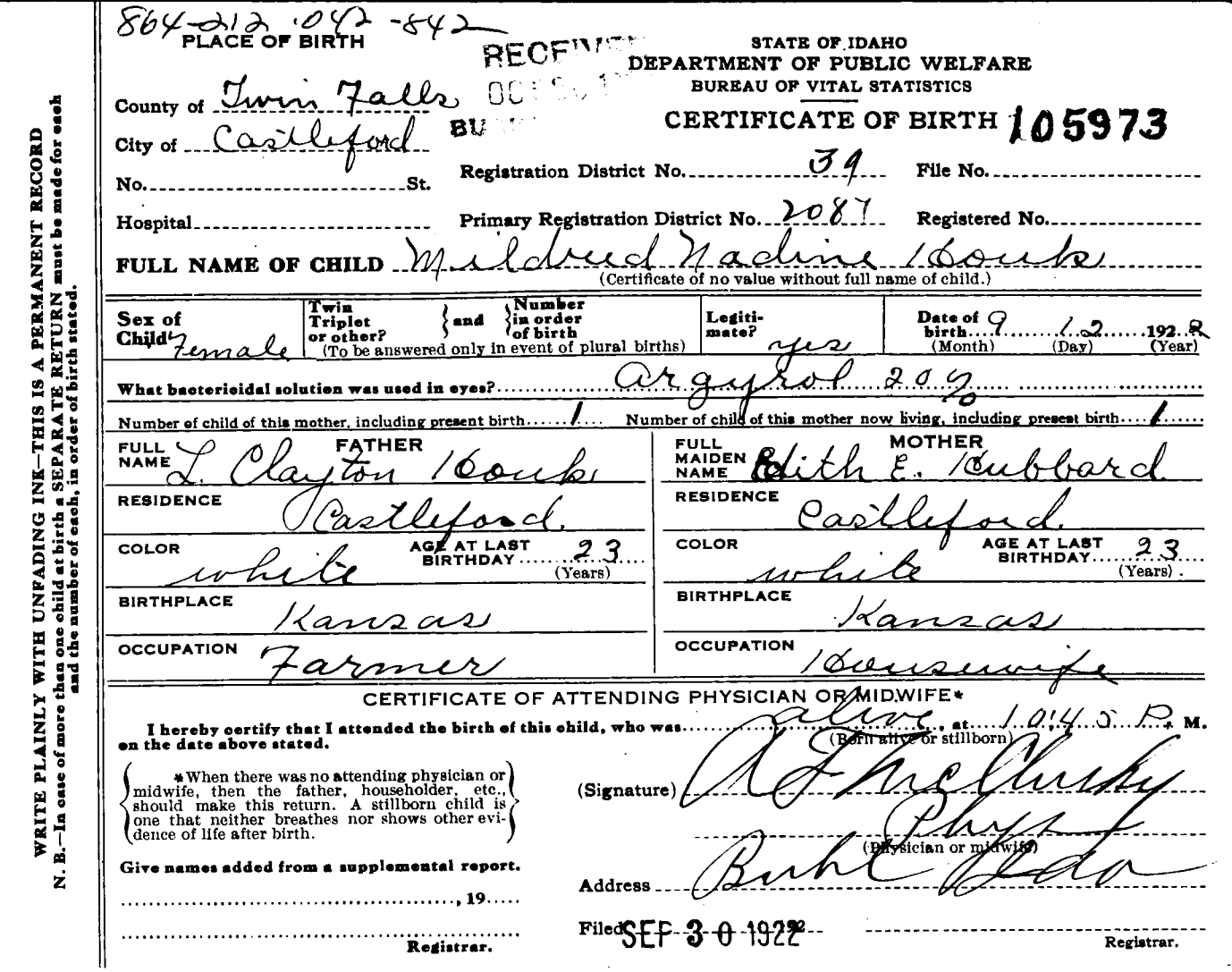
It establishes legally the date of the child's birth, parentage itimacy.

It enables the Public Health Nurse to make sure the child has rotected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com- to furnish certified copies of certificates of birth, it is im- that the certificates be filed with the BUREAU OF VITAL STATIS- d the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.



864-212-042-842

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105973

County of Twin Falls

City of Castleford

No. ____ St.

Registration District No. 39 File No. ____

Hospital ____ Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Mildred Nadine Houk

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	9 2 1928

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME L. Clayton Houk	FULL MAIDEN NAME Edith E. Hubbard
RESIDENCE Castleford	RESIDENCE Castleford
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:45 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. McClusky Phys.

(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed SEP 30 1928

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1943

813-118-042-154

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 26 1922

CERTIFICATE OF BIRTH

105974

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. .....

Hospital .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Olaf Deass Halverson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	9-18-1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Olaf Halverson	FULL MAIDEN NAME: Clara Anderson
RESIDENCE: Buhl	RESIDENCE: Buhl
COLOR: Wht.	COLOR: Wht.
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Neb.	BIRTHPLACE: Neb.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jenning M.D.

(Physician or midwife)

Address Buhl

Filed SEP 30 1922 J. V. Murphy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 19

SEVERAL REASONS WHY A CERTIFIC

Dear Madam:

SEP 30 1922

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl, Idaho

Street:

County: Twin Falls

File Number: 105974

Registration Dist. No.: 9

Sex of Child: Male

Date of Birth: Sept 18, 1922

Father: Oluf Halverson (Full Name)

Mother: Clara Anderson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Oluf Dean Halverson
Child's Name in Full

Oluf Halverson
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, pa and legitimacy.

It enables the Public Health Nurse to make sure the chi been protected from danger of blindness and other infections at

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are pelled to furnish certified copies of certificates of birth, it i portant that the certificates be filed with the BUREAU OF VITAL S TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

799-117-042-296

PLACE OF BIRTH

RECEIVED
OCT 26 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Castleford

No. ____ St.

Registration District No. 34 File No. 105975

Hospital ____ Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Charles Edwin Gardner
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	9 17 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME F. B. Gardner	FULL MAIDEN NAME May Brown
RESIDENCE Castleford.	RESIDENCE Castleford
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 49 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Mo.
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:45 P. M. (born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
(Physician or midwife)

Address Buhl Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed SEP 30 1922 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street:

County: Twinfalls

File Number: 105975

Registration Dist. No.: Castleford

Sex of Child: Male

Date of Birth: Sept 17 1922.

Father: Frank Berry Girdner (Full Name)

Mother: May Brown (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charles Edwin Girdner
Child's Name in Full

F. B. Girdner May Gird
Signature of Father or Mother

JUL 1 7 1990

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
ED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.
It establishes legally the date of the child's birth, parentage
itimacy.

It enables the Public Health Nurse to make sure the child has
rotected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
0. Just at this time while many of the Ex-Service men are com-
to furnish certified copies of certificates of birth, it is im-
that the certificates be filed with the BUREAU OF VITAL STATIS-
d the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

449-218:042-466

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St.

Registration District No. 39 File No. 105976

Hospital ____ Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Barbara Evelyn Durkin.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	9-18 192X

What bactericidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	J. J. Durkin.	FULL MAIDEN NAME	Hazel Moore.
RESIDENCE	Buhl Ida	RESIDENCE	Same.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Wyo.
OCCUPATION	Student.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. N. Murphy M.D.
(Physician or midwife)

Address Buhl Ida

Filed 9-20 192X J. N. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 8 1943

453-118-042-133

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls RECEIVED OCT 20 1922 BUREAU

City of Buhl

No. ..... St. Registration District No. 39 File No. 105977

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Bernard Frank Delsman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	9 18 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	B. F. Delsman	FULL MAIDEN NAME	Effie Aller
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Wis.	BIRTHPLACE	Idaho
OCCUPATION	Cheese Mfgr.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey
Phys.
(Physician or midwife)

Address Buhl Idaho

Filed SEP 30 1922

Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl,

Street: Route # 1.

County: Twin Falls, Idaho.

File Number: 105977

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Sept, 18th. 1922 .192....

Father: Bernard, Frank, Delsman
Full Name

Mother: Effie, Wilma, Aller,
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Bernard Frank Delsman
Child's Name in Full

B F Delsman
Mrs. B. F. Delsman
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthrig

It establishes legally the date of the child's birth and legitimacy.

It enables the Public Health Nurse to make sure th been protected from danger of blindness and other infectio

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - -

1. The correct age for purposes of school attendanc
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service me pelled to furnish certified copies of certificates of birth, portant that the certificates be filed with the BUREAU OF VI TICS and the same completed by furnishing the name of the ch

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHI

SSL 119.042-614

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105978

RECEIVED
SEP 20 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls
City of Castleford
No. ____ St. ____
Hospital ____

Registration District No. 39 File No. ____
Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD David Naagle Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	9-19-22

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	David Naagle	FULL MAIDEN NAME	Edith Wade
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wht.	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. J. Jennings M.D.
(Physician or midwife)

Address Buhl

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed SEP 30 1922 J. W. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

NOV 3 1922

RECEIVED
DEC 5 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Castleford

Street: .....

County: Twin Falls

File Number: 105-97

Registration Dist. No.: 9

Date of Birth: ~~Dec 30~~ Sept 19 .....192.2.

Sex of Child: male

Father: David Neagle
Full Name

Mother: Edith Wade
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

David Junior
Child's Name in Full

SEP - 9 1922

Mrs Edith Neagle
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

699-227-842-755

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

RECEIVED OCT 2 ... BUREAU ...

Registration District No. 39 File No. 105979

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD KATHLEEN MAXWELL ORR
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	9 27 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	S. C. Orr	FULL MAIDEN NAME	Margaret Peebles
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Pa.,	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Phys.
(Physician or midwife)

Address Buhl Ida

Filed SEP 30 1922

Registrar.

Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 105979

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Kathleen Maxwell Orr (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept 27, 1924 (DATE OF EVENT)
in Burley Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Kathleen ~~Maxine~~ Orr MAXWELL

Subscribed and sworn to before me this 25
day of Sept 1943

Notary Public, residing at Burley Idaho

My commission expires March 15, 1945
(SEAL)

Signed S. L. Orr
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R.R.4 Burley, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 4 1964

MAR 1 1963

615-127-042-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-3-17

Registration District No. 39 File No. 105980

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Robert Eugene Fancher

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Sept 27 1922

FATHER		MOTHER	
FULL NAME	John C. Fancher	FULL MAIDEN NAME	May Shephard
RESIDENCE	Buhl Ida.	RESIDENCE	Buhl Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. A. Marsh

Physician (Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-30 1922 J. A. Murphy Registrar

497-128:042 - 155

PLACE OF BIRTH

RECEIVED
OCT 26 1927
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Buhl
No. ____ St.
Hospital ____

Registration District No. 34
Primary Registration District No. 2087

File No. 105981
Registered No. ____

FULL NAME OF CHILD Asael Jenkins Wixom
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	9-28-1927

What bacteriocidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	A. N. Wixom.	FULL MAIDEN NAME	Ethel Jenkins.
RESIDENCE	~~Wyo.~~ Buhl.	RESIDENCE	Soda.
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wyo.	COLOR	W.
OCCUPATION	Miller.	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Ida.
		OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan M. D.
(Physician or midwife)

Address Twin Falls. Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 9-30 1927 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OFFICIAL BUSINESS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
FEB 12 1923
BUREAU OF VITAL STATISTICS

NOV 13 1922

SEP 9 1922
NOV 13 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: Broadway

County: Twin Falls

File Number: 105981

Registration Dist. No. .....

Date of Birth: Sept 28 1922

Sex of Child: Male

Father: Asael Hearld Dixon (Full Name) Mother: Ethel Christena Jenkins Dixon (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Asael Jenkins Dixon,
Child's Name in Full

Ethel C. Dixon,
Signature of Father or Mother

MAY 7 1951

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

MAR 16 1944

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

293-229-042-864

PLACE OF BIRTH

RECEIVED OCT 26 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Castleford

No. ..... St.

Hospital .....

Registration District No. 39 File No. 105982

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Victoria Eloise Billiard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	9 29 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Earnest Billiard.	FULL MAIDEN NAME	Meda Houk
RESIDENCE	Castleford.	RESIDENCE	Castleford.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kansas	BIRTHPLACE	Colo
OCCUPATION	Labour	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClurky
Phys
(Physician or midwife)

Address Buhl Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed SEP 30 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Castleford Idaho

Street: .....

County: Twin Falls

File Number: 105982

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Sept 29 192 2

Father: Ernest Billiard (Full Name)

Mother: Meda Kate Houk (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Victoria Eloise

Child's Name in Full

Mrs. Ernest Billiard

Signature of Father or Mother

MAY 3 1 1944

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

713-205-042-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED NOV 4 BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Filer

No. ..... St.

Registration District No. 38 File No. 105983

Hospital ..... Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD ~~Not Named~~ Paul Edmund Patterson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes.	Oct 5 192

What bactericidal solution was used in eyes? Agno3 1%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

	FATHER	MOTHER
FULL NAME	James Patterson	FULL MAIDEN NAME Alice Gardner
RESIDENCE	Filer Idaho	RESIDENCE Filer Idaho
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years) 31
BIRTHPLACE	Nebr.	BIRTHPLACE Nebr.
OCCUPATION	Farmer	OCCUPATION Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 8 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Dr. A. A Newberry
(Physician or midwife)

Address .....

Filed Oct 5 192 Aan
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 105983

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Patterson (Name on Original Certificate) who was born (Was Born or Died) on Oct. 5, 1923 (Date of Event)
in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on October -, 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Paul Edmund Patterson

Subscribed and sworn to before me this 8th
day of May, 19 42.

Notary Public, residing at Filer, Idaho
My commission expires April 16, 1945
(Seal)

Signed Alice Martha Patterson (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Filer, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of May, 19 42.

Notary Public, residing at Filer, Idaho
My commission expires April 16, 1945
(Seal)

Signed Margie Musser
(Signature of Any Credible Person Other Than Previous Year)

Filer, Idaho
(Street Address, City, State)

SEP 25 1942

914-207-042-859

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls,

City of Kimberly, Registration District No. 36 File No. 105984

No. ..... St.

Hospital home Primary Registration District No. ..... Registered No. 46

FULL NAME OF CHILD Eulala Ramirez

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Sept 7 1922

What bacteriedal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Alfonso Ramirez	FULL MAIDEN NAME: Frances Hernandez
RESIDENCE: Kimberly, Idaho	RESIDENCE: Kimberly, Idaho
COLOR: Mexican	COLOR: Mexican
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Mexico	BIRTHPLACE: Mexico.
OCCUPATION: farmer	OCCUPATION: HW.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician,
(Physician or midwife)

Address Kimberly, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 17 1922 J. M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 3 1944

AUG

443-215-042-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls
City of Twin Falls,
No.
Hospital home

Registration District No. 36 File No. 105985
Primary Registration District No. Registered No. 47

FULL NAME OF CHILD Dorothy Jean Dutson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Sept. 15 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Benjamin Jay Dutson	FULL MAIDEN NAME Edna May Danner
RESIDENCE Twin Falls, Idaho	RESIDENCE Twin Falls, Idaho
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Utah	BIRTHPLACE Kansas
OCCUPATION laborer	OCCUPATION HW.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. M. Davis
physician
(Physician or midwife)
Address Kimberly, Idaho

Filed Sept 25 1922 J. M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

145-218-042-396

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105986

County of Twin Falls

City of Kimberly,

No. ____ St.

Registration District No. 36 File No. ____

Hospital home Primary Registration District No. ____ Registered No. 48

FULL NAME OF CHILD Mary Alice Dunks
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Sept 18 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Jim Dunks	FULL MAIDEN NAME: Pearl L. Crockett
RESIDENCE: Kimberly, Idaho	RESIDENCE: Kimberly, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Montana	BIRTHPLACE: Idaho
OCCUPATION: farmer	OCCUPATION: Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. M. Davis

physician (Physician or midwife)

Address Kimberly, Idaho

Filed Sept. 28 1922 J. M. Davis Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1967

799-1910 82-312

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Kimberly
No. ..... St.
Registration District No. 36
File No. 105987
Hospital home
Primary Registration District No. .....
Registered No. 49

FULL NAME OF CHILD Frank Martin Grigg
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Sept 19 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Samuel Edgar Grigg	FULL MAIDEN NAME Grace Lillian Case
RESIDENCE Kimberly, Idaho	RESIDENCE Kimberly, Idaho
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Ill	BIRTHPLACE Ill
OCCUPATION farmer	OCCUPATION Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J M Davis

physician
(Physician or midwife)

Address Kimberly Idaho

Filed Sept 29 1922 J M Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child of birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 10 1949

MAR 5 1942

793-23-062-445

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

No. ..... St.

District No. 36

File No. 105988

Hospital home

Primary Registration District No. .....

Registered No. 50

FULL NAME OF CHILD Polly Pittullo
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	Twin	1	yes	Sept 31, 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: McKeighan Pittullo	FULL MAIDEN NAME: Mary Matilda Dunn
RESIDENCE: Hansen , Idaho	RESIDENCE: Hansen, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Nebr .	BIRTHPLACE: Kansas
OCCUPATION: farmer	OCCUPATION: Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 5:30 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Sept 30 1922 J. M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-12-042 145

PLACE OF BIRTH

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Hansen
No. ____ St.
Hospital Home

Registration District No. 36
Primary Registration District No. ____

File No. 105989
Registered No. 51

FULL NAME OF CHILD Peter McKeighan Pittullo
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	twin	2	yes	Sept 21 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	McKeighan Pittullo	FULL MAIDEN NAME	Mary Matilda Bunn
RESIDENCE	Hansen, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	? Kans.
OCCUPATION	farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. R. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Sept. 30, 1922

J. R. Davis Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-223-042-378

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen.

No. ____ St.

Registration District No. 36

File No. 105990

Hospital home

Primary Registration District No. ____

Registered No. 52

FULL NAME OF CHILD Alice Maria Schlegel
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Sept. 23, 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank A Schlegel	FULL MAIDEN NAME	Mabel Frances Cayford ~~Cafford~~
RESIDENCE	Hansen, Idaho	RESIDENCE	Hansen, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Cal.	BIRTHPLACE	Colo.
OCCUPATION	farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address kimberly, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept. 30, 1922 J. M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

363-22-082-349

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105991

County of Twin Falls

City of Kimberly, No. ____ St.

Registration District No. 36 File No. ____

Hospital home Primary Registration District No. ____ Registered No. 53

FULL NAME OF CHILD Marjorie Marie Lockhart
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Sept 24, 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Wm. Lawson Lockhart	FULL MAIDEN NAME Grace Cla Turner
RESIDENCE Kimberly, Idaho	RESIDENCE Kimberly, Idaho
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Ark.
OCCUPATION Hw'd Clerk	OCCUPATION Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Davis

Physician
(Physician or midwife)

Address Kimberly, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 30, 1922

J. A. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1965

MAY 7 1942

c.c. 6/16/41. w.h.

816-128-042-755

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105992

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Twin Falls
City of Kimberly, Idaho
No. ..... St.
Hospital home
Registration District No. 36
Primary Registration District No. .....
File No. .....
Registered No. 54

FULL NAME OF CHILD Kenneth Robert Hawkins
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Sept 28 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Carl K. Hawkins	FULL MAIDEN NAME	Goldie Pennington
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oklahoma
OCCUPATION	farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:20 A. M. on the date above stated.

(Signature) J. M. Davis

physician (Physician or midwife)

Address Kimberly, Idaho

Filed Sept 30, 1922 J. M. Davis Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

K

JUL 25 1984

JAN 22 1954

69L222-001-365

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1192 24th St.

Registration District No. 2 File No. 05996

Primary Registration District No. 1004 Registered No. 466

Hospital

FULL NAME OF CHILD Bertha Emma Frank

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes.	9 - 22 1922

FATHER		MOTHER	
FULL NAME	Hugo A. Frank	FULL MAIDEN NAME	Josephine Lingeteig
RESIDENCE	1192 24th St. Boise	RESIDENCE	Same
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37	COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) M. N. Tallman M. D.
(Physician or midwife)

Address Boise Idaho

Filed Nov 22 1922

R. N. Frank
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

458-11-6 0-745

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105997

48

County of Ada

City of Meridian

No. R. R. 1, St.

Registration District No. 11

File No.

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD LeRoy Edward Myers
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept. 11 1922

What bacteriocidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Myers	A. Blanch Gunther
RESIDENCE	Meridian	Meridian
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	Nebraska	Nebraska
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal
Physician
(Physician or midwife)

Address Meridian Idaho

Filed 11-6 1922 H. F. Neal
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 7 1975

DEC 2 1941

213-213-001-643

PLACE OF BIRTH

RECEIVED NOV 16 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105998

County of Ada

City of Meridian No. RR 2 St.

Registration District No. 11

File No. 49

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Elizabeth Batty
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Sept 3 1922

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

	FATHER	MOTHER
FULL NAME	George N. Batty	FULL MAIDEN NAME Violet A. Fuller
RESIDENCE	Meridian	Meridian
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	47	40
BIRTHPLACE	Utah	Utah
OCCUPATION	farmer	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal M. D.
(Physician or midwife)

Address Meridian Idaho

Give names added from a supplemental report.

....., 192....

Registrar.

Filed 11 - 6 1922 H. F. Neal
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 22-359458

133-113-001-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 10 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105999

County of Ada

City of Meridian

No. ..... St. Registration District No. 11 File No. 50

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD David Keith Allen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept 13 1922

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Ben F. Allen	FULL MAIDEN NAME	Ella M. Slacker
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

M. D.
(Physician or midwife)

Address Meridian Idaho

Filed 11-6 1922 H. F. Neal
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1942

M1-216.001-815

PLACE OF BIRTH

RECEIVED NOV 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106000

County of Ada

City of Meridian

No. ..... St.

Registration District No. 11

File No. 51

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Alice Adams
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Sept 16 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate Solution

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Robert L. Adams	FULL MAIDEN NAME	Gertrude A. Handy
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:40 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Mal

M. D.
(Physician or midwife)

Address Meridian Idaho

Filed 11-6 1922 H F Mal
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

542

County of ... 1922

City of Meridian

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106001

CERTIFICATE OF BIRTH

No. ..... St. ..... Registration District No. 11 File No. 52

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Norma Goold
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Sept 21 1922

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Leo L. Goold	FULL MAIDEN NAME	Genevieve M. ~~Neuby~~ Nuby
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:55 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal
M. D.
(Physician or midwife)

Address Meridian, Idaho

Filed 11-6 1922 H F Neal
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

SEP 9 1971

331-126-896-455

PLACE OF BIRTH

RECEIVED
NOV 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106002

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R R 1 St.

Registration District No. 11 File No. 53

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Maurice Neal Clary
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	9 26 1922

What bactericidal solution was used in eyes? 1% Sol Silvir Nitrate

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Robert Dewey Clary	FULL MAIDEN NAME	Margaret F. Dennery
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:15 a. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal MD
(Physician or midwife)

Address Meridian Idaho

Give names added from a supplemental report.

....., 192.....

..... **Registrar.**

Filed 11-6-1922 H. F. Neal **Registrar.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1945

816-222-00-165

PLACE OF BIRTH

RECEIVED
NOV 15 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106003

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R.R. 1 St. Registration District No. 11 File No. 54

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Arlene June Hawkins

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (1922 (Year)
female			yes	10 22

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ewell H. Hawkins	FULL MAIDEN NAME	Vada Jones
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:43 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

M. D.

(Physician or midwife)

Address Meridian Idaho

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

Filed 11-6 1922 H. F. Neal

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1945

JUL 1 2 1976

46K-128.00-893

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106004

County of Ada

City of Meridian

No. 113 St.

Registration District No. 11

File No. 55

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Hugh David Douglas

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	10 28 1922

What bactericidal solution was used in eyes? 1% Sodal Silver Nitrate

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Hugh B. Douglas	FULL MAIDEN NAME	Grace M. Hill
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	North Dakota	BIRTHPLACE	South Dakota
OCCUPATION	farmer.	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Mead M D

(Physician or midwife)

Address Meridian Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 11-6 1922 H. F. Mead

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

416-210-00-839 RECEIVED NOV

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106005

County of Ada

City of Meridian

No. RR1 St.

Registration District No. 11 File No. 47

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Arrian Lucile Maw
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	9 - 10 1922

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	O. Fred Maw	FULL MAIDEN NAME	Clara Irene McIntosh
RESIDENCE	Meridian RR1	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Maw
Physician
(Physician or midwife)

Address Meridian Idaho

Give names added from a supplemental report.

....., 192.....

Filed 11-6 1922 H. F. Maw
Registrar.

..... Registrar.

FEB 18 1942

415 - 114-01-625

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106006

County of Ada

City of Meridian

No. ..... St.

Registration District No. 11

File No. 486

Hospital .....

Primary Registration District No. Wayne

Registered No. .....

FULL NAME OF CHILD Ernest Daniels

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug. 14 1922

What bactericidal solution was used in eyes? Silver nitrate 1%

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Robert Lee Daniels	FULL MAIDEN NAME Pearl Bell Oberbey
RESIDENCE Meridian	RESIDENCE Meridian
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Johnson County, Ark.	BIRTHPLACE Johnson Co., Ark.
OCCUPATION Laborer	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) J. R. Numbers Jr.
Physician
(Physician or midwife)

Address Meridian Ida

Filed 10 1 1922 J. H. Neal
Registrar.

WRITE PLAINLY WITH UNFADING INK—This is A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 106006
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Ernest Daniels (Name on original certificate) who born (Was born or died) on Aug. 14, 1942 (Date of event)
in Meridian Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (Bible record, School roll, policy, etc.) prepared on Sept. 15, 1942 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Ernest Daniels	Daniel
		Ernest Wayne Daniel

Subscribed and sworn to before me this 15
day of Sept., 1942

Notary Public, residing at Boise Ida

My commission expires Apr. 12, 1943
[SEAL]

Signed Mrs R. L. Daniel
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 2 Nampa Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

386-230-001-669

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106007

County of Ada. Registration District No. 124 File No. 4

City of ST. No. St.

Primary Registration District No. 2207 Registered No. 145

Hospital

FULL NAME OF CHILD Lavonda Marie Thompson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.		Yes.	30 30 1922

FATHER	MOTHER
FULL NAME Reuben O. Thompson.	FULL MAIDEN NAME Ruby M. Forrey.
RESIDENCE Kuna, Ida.	RESIDENCE Kuna, Ida.
COLOR White. AGE AT LAST BIRTHDAY 27 (Years)	COLOR White. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Kansas.
OCCUPATION Farming.	OCCUPATION House Wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 - A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar.

(Signature) F. J. Coleman

Physician.

(Physician or midwife)

Address Kuna, Idaho.

Filed 11-28 1927 W. B. Stevens

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

863.204.001-795
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106008

County of Ada.

City of Kuna,

Registration District No. 124 File No. 4

No. ..... St.

Primary Registration District No. 2202 Registered No. 146

Hospital .....

FULL NAME OF CHILD Audry Wilma Holden.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.				Yes.	8 4 1922.

FATHER	MOTHER
FULL NAME: Cyrus H. Holden.	FULL MAIDEN NAME: Lydia N. Prentice.
RESIDENCE: Kuna, Idaho.	RESIDENCE: Kuna, Idaho.
COLOR: White. AGE AT LAST BIRTHDAY: 27 (Years)	COLOR: White. AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Nev.	BIRTHPLACE: Nev.
OCCUPATION: Rail Road Sec. Man.	OCCUPATION: House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8-30--A. M. on the date above stated.

(Signature) F J Coleman

Physician.
(Physician or midwife)

Address Kuna, Idaho.

Filed 11-28 1922 W. E. Stivers
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1942

864-110-001-799

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106009

County of Ada.

City of

No. St.

Hospital

Registration District No. 124 File No. 4

Primary Registration District No. 2202 Registered No. 147

FULL NAME OF CHILD Betty La Ree Houdashelt.

Sex of Child Male. Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) Legitimate? Yes. Date of Birth Oct. 10-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ed. Houdashelt.	FULL MAIDEN NAME	Bertha Price
RESIDENCE	Kuna, Idaho.	RESIDENCE	Kuna, Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 34. (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Kansas.
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician.
(Physician or midwife)

Given names added from a supplemental report.

Address Kuna, Idaho.

19

Registrar.

Filed 11-28, 1922 [signature]
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 28 1973

713-110-001-437

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106010

CERTIFICATE OF BIRTH

106010

County of Ada.

City of Kuna

RECEIVED DEC 1 192 BUR

Registration District No. 124 File No. 4

No. St. ST.

Primary Registration District No. 2202 Registered No. 148

Hospital

FULL NAME OF CHILD John Joseph Gale.

Sex of Child Male. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth 10 (Month) - 10 (Day) - 1922 (Year)

FATHER		MOTHER	
FULL NAME	Roy Gale.	FULL MAIDEN NAME	Elsa Mc Grath.
RESIDENCE	Kuna, Ida.	RESIDENCE	Kuna, Ida.
COLOR	White- AGE AT LAST BIRTHDAY 29 (Years)	COLOR	White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Kansas.
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5.30- P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J Coleman

Physician.
(Physician or midwife)

Given names added from a supplemental report.

Address Kuna, Idaho.

19

Registrar.

Filed 11-28, 1922 W C Stevens
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 2 1942

295-108'00-493

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106011

CERTIFICATE OF BIRTH

County of Ada.

RECE... DEC ... BUR... ST...

City of

No. St.

Hospital

Registration District No. 124 File No. 4

Primary Registration District No. 2202 Registered No. 149

FULL NAME OF CHILD Fred Kindall.

Sex of Child Male. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 10-8-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse H. Kindall.	FULL MAIDEN NAME	Hazel W. Mitchell.
RESIDENCE	Kuna, Idaho.	RESIDENCE	Kuna, Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 21 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Idaho.
OCCUPATION	Common Laborer.	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6.30 AM. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J Coleman

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Kuna, Idaho.

19

Registrar.

Filed 11-28-1922 W. L. Stevens
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-117-001-862

RECEIVED
DEC 4 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. F.R.D. #4 St.

Registration District No. 8 File No. 106012

Primary Registration District No. 2008 Registered No. 74

Hospital

FULL NAME OF CHILD Kenneth Arton Hoover.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Nov. (Month) 17 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lester Arton Hoover	FULL MAIDEN NAME	Nellie Jane Dobbs
RESIDENCE	Boise Idaho	RESIDENCE	Boise Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Father	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. M. Downs.
M. D.
(Physician or midwife)

Given names added from a supplemental report.

____ 19__

Registrar

Address 302-04 Overland Bldg. Boise Ida.

Filed 12/1 1922

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 1942

818-114-00-864

PLACE OF BIRTH

County of Ada

City of N of Star

No. ....., ... St.

Hospital .....

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

106013

Registration District No. 8 File No. .....

Primary Registration District No. 2008 Registered No. 71

FULL NAME OF CHILD Marion Yongue Haynes

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	S	3d	Yes	Oct 14 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	G W Haynes	FULL MAIDEN NAME	Grace Young
RESIDENCE	N. of Star	RESIDENCE	N. of Star
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	KS	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. C. Bowers

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address .....

Filed Nov 21 1922 R. N. Pratt

Registrar

Registrar

S-Y CO., 16669

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 2 1 1970

DEC 1 1 1971

519-118-09

PLACE OF BI[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106014

County of Ada

City of Barber

No. [redacted] St.

Registration District No. 8 File No.

Hospital

Primary Registration District No. 2008 Registered No. 72

FULL NAME OF CHILD Clarence Duward Tarter

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Nov. 18 1927

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robert A. Tarter	FULL MAIDEN NAME	Lena L. Swift
RESIDENCE	Barber, Idaho	RESIDENCE	Barber, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wyoming	BIRTHPLACE	Oklahoma
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 45 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxtan M.D.

(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Nov 23 1927 R. H. Pratt

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Ada } ss.

Certificate No. 106014
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Bird (Birth or death)
for Clarence Durward Tarter (Name on original certificate) who was born (Was born or died) on Nov. 18, 1922 (Date of event)
in Barber Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	None	Clarence Durward Tarter
		Clarence Durward Tarter
		Tarter

Subscribed and sworn to before me this 12 day of December, 1941
S. E. Barnes
Notary Public, residing at Boise, Idaho
My commission expires 3/4/43
[SEAL]

* Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Lora Tarter
(Street Address, City, State) Caldwell, Rt. 1 Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of December, 1941
S. E. Barnes
Notary Public, residing at Boise, Idaho
My commission expires 3/4/1943
[SEAL]

* Signed Robt A. Tarter
(Signature of any credible person other than the previous affiant.)
Caldwell Idaho
(Street Address, City, State)
Route 1

Received for filing on ..... By .....
(Registrar's signature)

MAY 2 9 1944

JUN 12 1953

13-13-41

269-204100-683

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106015

County of Ada

City of Boise

No. Bench St.

Hospital —

RECEIVED DEC BUREAU

Registration District No. 8 File No.

Primary Registration District No. 2008 Registered No. 73

FULL NAME OF CHILD Nina Lee Sorensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	ye	Oct. 4 (Month) (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Merlin C Sorensen	FULL MAIDEN NAME	Eva Wyler
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Callaway

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise Idaho

Filed Nov 24 1922 R. H. Pratt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Lincoln }

Certificate No. 106015

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Sept 9 (Birth or Death)
for (Name on Original Certificate) who Born (Was Born or Died) on Oct. 4. 1922. (Date of Event)
in Boise. Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church certificate (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Nina Lee Sorensen
birthdate	Sept. 9 1922	Oct. 4 1922

Subscribed and sworn to before me this 10
day of February, 1945.
George O Stevenson
Notary Public, residing at Richfield Idaho
My commission expires June 15 - 1948
(Seal)

Signed Mrs. M. C. Sorensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Richfield Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

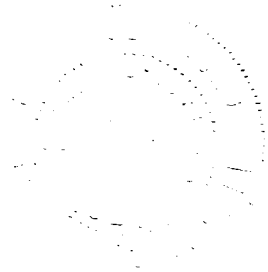
State of Idaho } ss.
County of Lincoln }

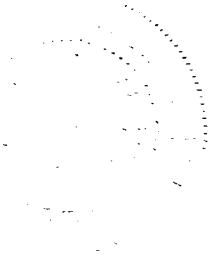
[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10
day of February, 1945.
George O Stevenson
Notary Public, residing at Richfield Idaho
My commission expires June 15 - 1948
(Seal)

Signed Mrs P. W. Brown
(Signature of Any Credible Person Other Than Previous Year)
Richfield Ida.
(Street Address, City, State)





FEB 16 1945

FEB 16 1945

[illegible]

CERTIFICATE OF BIRTH

[illegible] in hospital or institution [illegible] name.)

Registration District No. [illegible] State File No. [illegible]

Prim. Registration District No. [illegible] Local [illegible] 166016

[illegible]L NAME OF CHILD Charles LeRoy Keith

	If plural births	4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate ..... 8. Date of birth July 31, 1922 (Month, Day, Year)

FATHER	MOTHER
[illegible] name John William Keith	18. Full maiden name Mary Freida Hite
[illegible]idence (usual place of abode) [illegible] non-resident, give place and State) Jerome, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Jerome, Idaho
[illegible]or or race Wh	12. Age at last birthday 38 (years)
20. Color or race Wh	21. Age at last birthday 26 (years)
[illegible]hplace (city or place) Allen County (State or country) Ohio	22. Birthplace (city or place) Ft. Madison (State or country) Iowa
[illegible]4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
[illegible]5. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
[illegible]6. Date (month and year) last engaged in this work ....., 19....	17. Total time (years) spent in this work .....
	25. Date (month and year) last engaged in this work ....., 19....
	26. Total time (years) spent in this work .....

[illegible]at prophylactic was used to prevent Ophthalmia Neonatorum? .....

[illegible]mber of children of this mother (At time of this birth and including this child)

(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

[illegible] stillborn, [illegible]od of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 4:00 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. F. Neal, M. D.

or ....., Midwife

Address Meridian, Idaho

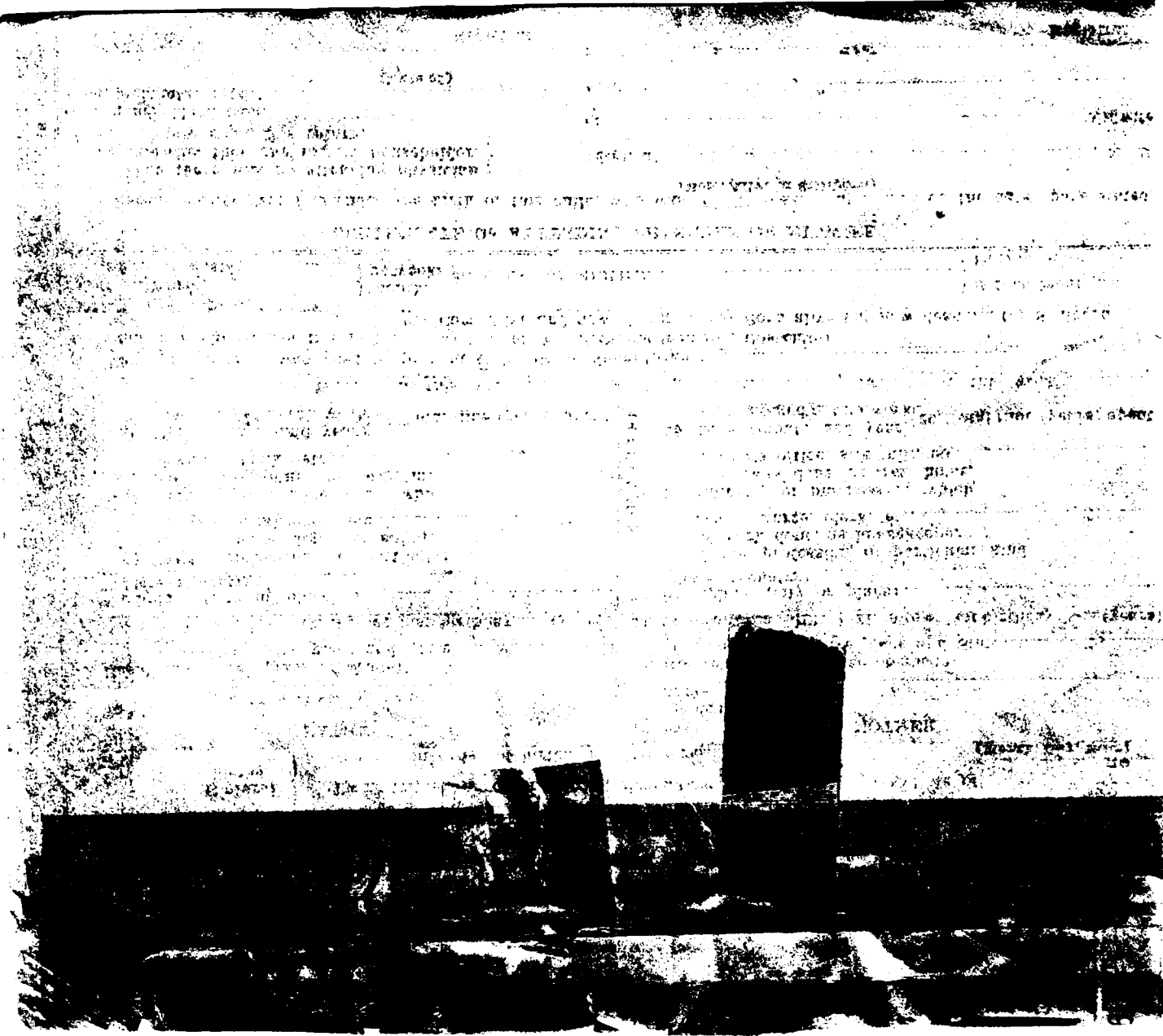
Filed Nov 21, 1922

Registrar.

Give name added from a supplemental report ..... (Date of)

Registrar.

WRITE PLAINLY [illegible]
One child at birth [illegible]



165-203-001-688

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 4 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106017

County of Ada

City of Boise

No. _____ St.

Registration District No. 2 File No. _____

Hospital St. Luke's Primary Registration District No. 1004 Registered No. 467

FULL NAME OF CHILD _____
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	Oct. 3, 1922

What bacteriecidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Hugh W. Jones	FULL MAIDEN NAME	May Estelle Whyman
RESIDENCE	Emmett, Idaho	RESIDENCE	Emmett, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 19.....

Filed Nov 21 1922 R. N. Pratt
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

854-105-001-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106018

County of Ada

City of Boise

No. ____ St. Registration District No. 2 File No. ____

Hospital St. Luke's Primary Registration District No. 6004 Registered No. 468

FULL NAME OF CHILD John Kenneth Hedges
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Oct 5 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	H. H. Hedges	FULL MAIDEN NAME Frances E. Clark
RESIDENCE	R.D. #1, Meridian, Idaho	RESIDENCE R.D. #1, Meridian, Idaho
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Nebraska	South Dakota
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 02 p. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho

Filed Nov 2/1922 R. A. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 7 1970

JUN 16 1942

394-206-00-756

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

Registration District No. 2

File No. 106019

No. 1716 N. 26 St.

Primary Registration District No. 1004

Registered No. 469

Hospital

FULL NAME OF CHILD Grace Ethel Zimmerman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes.	Oct. 6, 1922

FATHER		MOTHER	
FULL NAME	Marion Reed Zimmerman	FULL MAIDEN NAME	Alfreid Faith George
RESIDENCE	1716 N. 26th St.	RESIDENCE	1716 N. 16th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn) at 9:30 A. M. on the date above stated.

(Signature) Ernest E. Lambaugh M.D.

(Physician or midwife)

Address

Filed Nov 21 1922

R. N. Pratt
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 25 1972

269-111-001-691

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

RECEIVED
DEC 4 1922
BUREAU OF VITAL STATISTICS

City of Boise

Registration District No. 2

106020

File No.

No. 519 So 16 St.

Primary Registration District No. 1004

Registered No. 470

Hospital

FULL NAME OF CHILD George Byron Borup

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Charles Burk Borup	FULL MAIDEN NAME	Isabell Wray (Borup)
RESIDENCE	519 So 16 Boise	RESIDENCE	519 So 16 Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Goshen Utah	BIRTHPLACE	St. Paul Minn.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~[illegible]~~) at 11-40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. N. Handy
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address 1717 State St Boise Idaho

Filed Nov 21 1922 R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

717111-00-899

PLACE OF BIRTH

RECEIVED
DEC 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106021

County of Ada

City of Boise

No. ____ St.

Registration District No. 2 File No. ____

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 471

FULL NAME OF CHILD Richard Pagoaga.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and	1	Yes.	10/11 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Ignacio Pagoaga	FULL MAIDEN NAME	Maria Uritan
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Boise
OCCUPATION	Sheep man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo Callen

(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov 21 1922 R. N. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1955

JAN 16 1976

795-22-100-258

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Luke's

Registration District No. 2 File No. 106022

Primary Registration District No. 1004 Registered No. 473

FULL NAME OF CHILD Mary Ellen Greeley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	Oct. 24, 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Andrew L. Greeley	FULL MAIDEN NAME	Maud H. Snyder
RESIDENCE	Rockville, Cee.	RESIDENCE	Rockville, Cee.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Calif.	BIRTHPLACE	Iowa
OCCUPATION	Stockman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:06 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brayton M.D.
(Physician or midwife)

Address Boise, Idaho

Filed Nov 21 1922 R. N. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 16 1942

DECEASED

714-173-00-349

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106023

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Registration District No. 1004

File No. .....

Primary Registration District No. .....

Registered No. 472

FULL NAME OF CHILD Paul Padgett

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Oct 22 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm L Padgett	FULL MAIDEN NAME	Lizzie Lunn
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Alabama	BIRTHPLACE	Tennessee
OCCUPATION	Car Checker	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9:40 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician or ~~midwife~~)

Address 303 McCarthy Bldg

Filed Nov 21 1922 R. N. Doak

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-226-001-819

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106024

County of Ada

City of Boise

No. 17th & Dewey St.

Hospital

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 474

FULL NAME OF CHILD Bettie May Smitcher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	—	1	yes	16 - 26 - 22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jess M. Smitcher	Eleanor Harvey
RESIDENCE	Boise Idaho	Boise Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	23	18
BIRTHPLACE	Idaho	Oregon
OCCUPATION	farmer	Hsd.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Greenway
Physician
(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

19

Registrar

Filed Nov 24 1922

R. H. Pratt
Registrar

DEC 2 1954

JUN 2 1943

276-227-001-462

PLACE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Hospital St. Alphonsus

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106025

Registration District No. 2 File No. ____

Primary Registration District No. 1004 Registered No. 475

FULL NAME OF CHILD Zina Shore
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Oct. 27 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME R. G. Shore	FULL MAIDEN NAME Zina Moshiskey
RESIDENCE Boise Idaho	RESIDENCE Boise, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Evansville, Indiana	BIRTHPLACE Marysville, Kansas
OCCUPATION Traffic manager Telephone Co.	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or midwife)

Address Boise Idaho

Filed Nov 21 1922 R. N. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1943

JAN 28 1969

MAR 15 1973

363-229.00X-493

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 106026

No. 914 Miller st.

Hospital — Primary Registration District No. 1004 — Registered No. 476

FULL NAME OF CHILD Gwendolyn Merle Cole

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Oct 29 1922

FATHER		MOTHER	
FULL NAME	Harry R Cole	FULL MAIDEN NAME	Mary M Miller
RESIDENCE	914 Miller	RESIDENCE	914 Miller
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	New Mexico
OCCUPATION	Lumberman	OCCUPATION	H W

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bond

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Boise.

Filed Nov 21 1922

R. H. Todd
Registrar

Credio Solution used in eyes

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

NOV 1 3 1922

NOV 1 3 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED DEC 20 1922 VITAL STATISTICS

Place of Birth — City: Boise

Street: 914 Miller

County: Ada

File Number: 106026

Registration Dist. No. .....

Date of Birth: Oct 29 1922

Sex of Child: Female

Father: Harry Rupert Leole (Full Name)

Mother: Mary M. Miller (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gwendolyn Merle Leole
Child's Name in Full

Mrs Harry Leole
Signature of Father or Mother

NOV 1 5 1966

JUN 1 1 1974

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

793-130-001-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ada

City of Boise

No. 306 So. 5th St.

Hospital 306 So 5th

Registration District No. 2

File No. 106027

Primary Registration District No. 1004

Registered No. 477

FULL NAME OF CHILD James David Gillilan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct 30 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis Claire Gillilan	FULL MAIDEN NAME	Hazel Marie Johnston
RESIDENCE	306 So 5th Boise	RESIDENCE	306 So 5th Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Toole Utah	BIRTHPLACE	Dubuque Iowa
OCCUPATION	Mechanic	OCCUPATION	Housewife & Musician

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 940 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Handy (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 1717 Staten St Boise

Filed Nov 22 1922 R. N. Pratt Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-P31100 537

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106028

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. .....

Hospital St Lukes Primary Registration District No. 1004 Registered No. 478

FULL NAME OF CHILD John Wm Dress
(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet, or other?~~ and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	5 (To be answered only in event of plural births)	yes	Oct 31 1922

What bactericidal solution was used in eyes? Ag NO_3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	C C Dress	FULL MAIDEN NAME	Lola May Ellsworth
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ill	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9.15 P M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 303 McCarty Blvd

Filed Nov 21 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-231-001-532

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106029

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 479

FULL NAME OF CHILD Jaunita Diers
(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f	6 (To be answered only in event of plural births)	yes	Oct 31 1922

What bactericidal solution was used in eyes? Ag NO_3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	C. C Diers	FULL MAIDEN NAME	Lola May Elsworth
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	90 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 46 P M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 303 McCarty

Filed Nov 21 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-231-004-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Luke's

Registration District No. 2

Primary Registration District No. 1004

File No. 106030

Registered No. 480

FULL NAME OF CHILD Emma Ruth Badgley

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	Oct. 31, 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Murray D. Badgley	FULL MAIDEN NAME	Blanche L. Kerr
RESIDENCE	1418 State St, Boise, Idaho	RESIDENCE	1418 State St., Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Ohio
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8.20 a.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor, M.D.
(Physician or midwife)

Address Boise, Idaho

Filed Nov 21 1922 R. N. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 22 1955

AUG 21 1947

[redacted]

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 4 1922
BUREAU

County of Ada

City of Boise

No. 1410 N. 7th St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 106031

Registered No. 481

Full Name of Child Raymond Turner

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	Twin	2	Yes	11 - 1 - 22

FATHER	MOTHER
FULL NAME: Seward Smith Turner	FULL MAIDEN NAME: Rachel M Musgrave
RESIDENCE: 1410 N. 7th, Boise, Idaho	RESIDENCE: 1410 N. 7th St, Boise, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Colorado
OCCUPATION: School - teacher	OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.15 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill

Physician a. B.
(Physician or midwife)

Address Empire Bldg., Boise, Idaho

Filed Nov 21 1922

Registrar

Given names added from a supplemental report.

.....19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the order of each, in order of birth stated.

[redacted]

349-101-00

PLACE OF B[redacted]

Form V. S. No. 11—25m-6-18

County of Ada DEC 1 1922

BUREAU OF VITAL STATISTICS

City of Boise

CERTIFICATE OF BIRTH

No. 1410 N. 7th St.

Registration District No. 2

File No. 106032

Primary Registration District No. 1004

Registered No. 482

Hospital

Full Name of Child Robert Turner

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	Twin	I	Yes	11 — 1 — 1922

FATHER	MOTHER
FULL NAME: Leonard Smith Turner	FULL MAIDEN NAME: Rachel M. Musgrave
RESIDENCE: 1410 N. 7th St. Boise Idaho	RESIDENCE: 1410 N. 7th St. Boise, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Colorado
OCCUPATION: School - teacher	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.15 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Empire Bldg. Boise Idaho

Filed Nov 21 19 22 R. H. Ball

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

MAY 27 1960

551-102-001-559

PLACE OF BIRTH

RECEIVED
DEC 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106033

County of Ada

City of Boise

No. 1617 N 24 St.

Registration District No. 2 File No.

Hospital THE SALVATION ARMY Maternity Home

Primary Registration District No. 1004 Registered No. 483

FULL NAME OF CHILD Harold Thomas Evans
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	5 (To be answered only in event of plural births)	No	Nov 2 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Dave Evans	FULL MAIDEN NAME	Mary Neibaur
RESIDENCE	Rexberg Idaho	RESIDENCE	Rexberg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ari	BIRTHPLACE	Grantsville Utah
OCCUPATION	Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 402 Idaho Bldg

Filed Nov 21 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

135-20310-796

RECEIVED
DEC 4 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 106034

Registered No. 484

FULL NAME OF CHILD ~~[illegible]~~ PERMELIA SUE Alexander.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov. 3 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Raymond Richard Alexander	FULL MAIDEN NAME	Maude Lula Graves.
RESIDENCE	Boise, Ida.	RESIDENCE	Boise, Ida.
COLOR	white	COLOR	white.
AGE AT LAST BIRTHDAY	40. (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Teachers agency.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Callister

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Nov 21 1922

R. N. Pratt
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/14/41 L. B.

Affidavit

GENERAL

State of California,
COUNTY OF Los Angeles } ss.

Permelia Sue Alexander, An unmarried woman

Being First Duly Sworn, *deposes and says:*

Certified Copy Birth Certificate issued May 14, 1941 gives name as Pamelia Alexander.

The correct name is Permelia Sue Alexander.

The Mother's middle name is omitted. Her full maiden name is Lula Maude Graves.

And further *deponent saith not.*

Subscribed and Sworn *to before me this* 15th *day of* May, 1941

Permelia Sue Alexander

Notary Public in and for said County and State.

753-205-001-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 18th & Main St.

Hospital

Registration District No. 2 File No. 106035

Primary Registration District No. 1004 Registered No. 485

FULL NAME OF CHILD Edythe Elizabeth Peterson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Nov. 5, 1922

What bacteriecidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Carl B. Peterson	FULL MAIDEN NAME	Mildred Gardner
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE		BIRTHPLACE	Pennsylvania
OCCUPATION	Laborer	OCCUPATION	Waitress

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) J. M. Taylor

M. D.
(Physician or midwife)

Address Boise, Idaho

Filed Nov. 22, 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 1952

755-209-001-813

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC 1922 STATE BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. 1410 N. 12th St. Registration District No. 2 File No. 106036

Hospital ——— Primary Registration District No. 1004 Registered No. 486

FULL NAME OF CHILD Dorothy Ellen Gee
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	Nov. 9, 1922

What bactericidal solution was used in eyes? 1% a. silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME J. Lyle Gee	FULL MAIDEN NAME Ina Lee Hack
RESIDENCE 1410 N. 12th St, Boise, Idaho	RESIDENCE 1410 N. 12th St, Boise, Idaho.
COLOR W. AGE AT LAST BIRTHDAY 21 (Years)	COLOR W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Illinois
OCCUPATION Stoker at Barracks	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Braxton M.D.
(Physician or midwife)

Address Boise, Idaho

Filed Nov 22 1922. R. H. Galt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8/20/11

433-110-001-493

PLACE OF BIRTH

RECEIVED
DEC 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Luke's

Registration District No. 2

Primary Registration District No. 1004

File No. 106037

Registered No. 487

FULL NAME OF CHILD William Eric Ullstrom

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Nov. 10, 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER

FULL NAME: F. E. Ullstrom

RESIDENCE: 1114 Fort St., Boise, Idaho

COLOR: W. AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Canada

OCCUPATION: Optician

MOTHER

FULL MAIDEN NAME: Mary Miller

RESIDENCE: 1114 Fort St., Boise, Idaho

COLOR: W. AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:00 p.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho

Filed Nov 22 1922 R. H. Coats

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 10-2-58

PLACE OF BIRTH

43X-211-00-493

County of Ada

City of Boise

No. 1119 E. Jefferson St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 106038

Primary Registration District No. 1004 Registered No. 488

FULL NAME OF CHILD Patricia Louise McDermott
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov. 11, 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Edwin F. McDermott	FULL MAIDEN NAME: Edna Clara Miller
RESIDENCE: Boise, Idaho	RESIDENCE: Boise, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Minnesota
OCCUPATION: Managing Editor	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:00 M. on the date above stated.

(Signature) Roscoe C. Ward

Physician
(Physician or midwife)

Address Boise, Idaho

Filed Nov. 21, 1922 R. H. Pratt
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

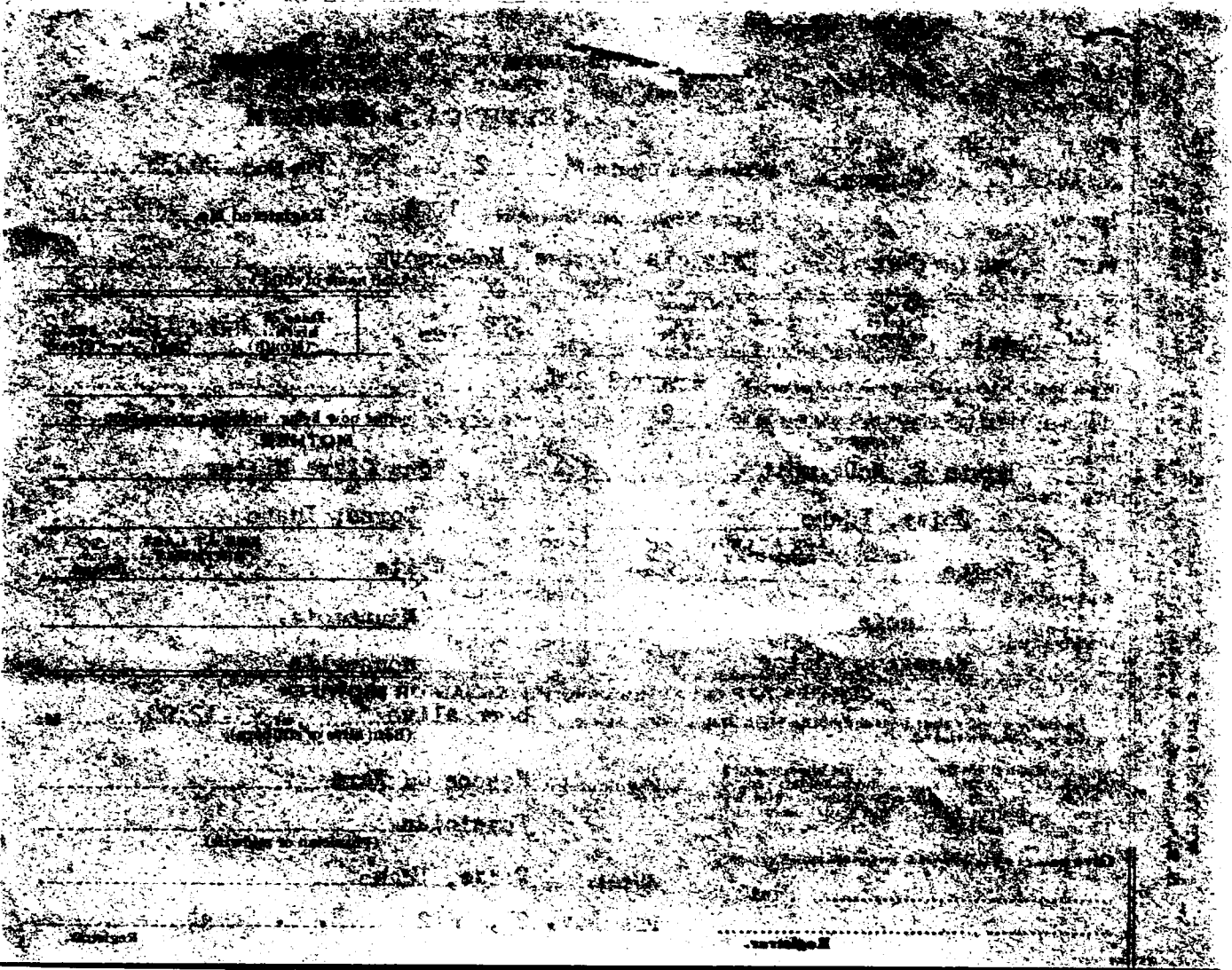
Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



California Certificate of Marriage, Dec. 19, 1944, gives name as Patricia L. McDermott, viewed by V.S. and Decree of Divorce of Mother and Father - Edna Clara McDermott and Edwin Frances McDermott, July, 25, 1925 gives Child's Full Name as Patricia Louise McDermott.- viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

Certificate No. 106038

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Gloria Louise McDermott (Name on Original Certificate) who born (Was Born or Died) on Nov. 11, 1922 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Gloria Louise McDermott	Patricia Louise McDermott

Subscribed and sworn to before me this 20th day of August 1958

Notary Public, residing at Los Angeles
My commission expires June 30, 1961
(Seal)

Signed Louise [illegible] Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(GRANDMOTHER)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of August 1958

Notary Public, residing at Los Angeles
My commission expires June 30, 1961
(Seal)

Signed Lloyd O Miller (UNCLE)
(Signature of Any Credible Person)
4226 West Slauson Ave
(Street Address, City, State)
Los Angeles 43 California

FORM DPH 55.155

NNCL 3-18-58 nm

459-212-001-435

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____ St. ____

Registration District No. 2 File No. 106039

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 489

FULL NAME OF CHILD Mary Sibyl Mercier
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Nov 12 1922

What bactericidal solution was used in eyes? Argyrol Nit. 1% sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Leo Mercier	FULL MAIDEN NAME	Roberta McVicker
RESIDENCE	Picabo, Ida	RESIDENCE	Picabo Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	So Dakota
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov. 12, at 8:30 P.M. (Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. R Mercier Sr

(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 19.....

Filed Nov 2/1922 R. N. Smith

Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 1971

SEP 14 1954

FEB 19 1963

466.23.001-366

RECEIVED
DEC 4 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 106040

No. ____ St.

Hospital St Lukes

Primary Registration District No. 1004 Registered No. 490

FULL NAME OF CHILD Helen Eloise Doolittle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes.	Nov. 13 1922

FATHER		MOTHER	
FULL NAME	George D. Doolittle	FULL MAIDEN NAME	Ira Cooper
RESIDENCE	Picabo, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 8:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. D. Gallemore M.D.
(Physician or midwife)

Given names added from a supplemental report.

19____

Address Boise, Idaho

Filed Nov 21 19 22 R. N. Pratt

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 6 1956

31X-213-001-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Beatty Station

Registration District No. 2 File No. 106041

No. St.

Hospital St Lukes

Primary Registration District No. 1004 Registered No. 491

FULL NAME OF CHILD Margy Foye Campion

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes.	Nov 13 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Elvin Campion	FULL MAIDEN NAME	Julia Canole.
RESIDENCE	near Beatty Station	RESIDENCE	near Beatty Station
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36.	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Nebr	BIRTHPLACE	Housewife.
OCCUPATION	Farmer.	OCCUPATION	Mo.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 11 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Boise Ida

Filed Nov 21 1922 R. H. Pratt Registrar

Registrar

Credes Solution used in eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 14 1969

167-113-00-864

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
DEC 4 1922
BUREAU OF VITAL STATISTICS

County of Ada
City of Boise
No. 1403 N 7th
Hospital

Registration District No. 2 File No. 106042
Primary Registration District No. 1004 Registered No. 492

FULL NAME OF CHILD _____
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Nov 13 1922

What bactericidal solution was used in eyes? Crede's Solution

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo E. Johnson	Nina M Young
RESIDENCE	1403 N 7th St.	1403 N 7th
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	26
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Olive Bond

(Physician or midwife)

Address Boise Ada

Filed Nov 25 1922 R. N. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-214

PLACE OF

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 819 N. 17th St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 106043

Registered No. 493

Full Name of Child Marion Sullivan

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	11-14-22

	FATHER	MOTHER
FULL NAME	Willis E. Sullivan	FULL MAIDEN NAME Helen Ford
RESIDENCE	819 N. 17th, Boise, Idaho	819 N. 17th, Boise, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	35
BIRTHPLACE	Kansas	Phila, Pa.
OCCUPATION	Attorney	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. F. Smith a.B.

Physician (Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 24 1922

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

NOV 13 1922

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Nov. 3, 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 819 N. 14th Street

County: Ada

File Number: 106043

Registration Dist. No.:

Date of Birth: Oct. 14th 1922

Sex of Child: Female

Father: Wallis Eugene Sullivan (Full Name)

Mother: Helen Tracy Sullivan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marion Sullivan

Child's Name in Full

W. E. Sullivan

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are coming to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

251-214-004-992

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—

RECEIVED
DEC 4 1922
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. _____ St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 106044

Registered No. 494

Full Name of Child Veda Fay Kearns

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	Twin	and	Two	Yes	11- 14- 22

FATHER		MOTHER	
FULL NAME	Henry Clay Kearns	FULL MAIDEN NAME	Lillian Anna Zinka
RESIDENCE	Eagle, Idaho	RESIDENCE	Eagle, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.31 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill a. B.
Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Registrar

Address Empire Bldg., Boise, Idaho

Filed Nov 21 1922 R. N. Todd Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1922

STATE OF IDAHO

RECEIVED
FEB 12 1923
BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City: St. Alphonsus
Street: Hospital
County: Ada

File Number: 106044

Registration Dist. No.: Ada

Date of Birth: Nov. 14 192 2

Sex of Child: Female

Father: Henry Clay Kearns (Full Name)

Mother: Lillian Anna Giska (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Veda Fay Kearns
Child's Name in Full

Mrs. Clay Kearns
Signature of Father or Mother

JUN 1 8 1971

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

25 PLACE OF BIRTH 214-001-992

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
DEC 4 1922
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

File No. 106045

Primary Registration District No. 1004

Registered No. 495

Full Name of Child Vera May Kearns

SEX OF CHILD	Twin Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH
Female	Twin	one	Yes	11 - 14 - 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Clay Kearns	FULL MAIDEN NAME	Lillian Anna Ziska
RESIDENCE	Eagle, Idaho	RESIDENCE	Eagle, Idaho -
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Nebraska.
OCCUPATION	Laborer	OCCUPATION	Housewife -

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill a. s.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Empire Bldg - Boise Idaho

Filed Nov 21 1922 R. H. Pratt Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 12 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192.2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: St Alphonsus Hospital; Street: ; County: Ada

File Number: 106045

Registration Dist. No.: Boise Meadows

Date of Birth: Nov. 14 192 2

Sex of Child: Female

Father: Henry Clay Kearns (Full Name)

Mother: Lillian Emma Ziska (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Vera Mae Kearns
Child's Name in Full

Mrs. Clay Kearns,
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

219-215-00-719

PLACE OF BIRTH

RECEIVED
DEC 1 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. ——— ——— St.
Hospital St. Luke's

Registration District No. 2
Primary Registration District No. 1004

File No. 106046
Registered No. 496

FULL NAME OF CHILD Edna Marian Bainbridge
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	Nov. 15 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Albert W. Bainbridge	FULL MAIDEN NAME: Alta Garrett
RESIDENCE: 1612 N. 21 St. Boise, Idaho	RESIDENCE: 1612 N. 21 St. Boise, Idaho
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Idaho
OCCUPATION: Civil Engineer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Brattain M.D.
(Physician or midwife)

Address Boise, Idaho

Filed Nov 22 1922 R. N. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 0 1943

367-115-00-365

PLACE OF BIRTH

RECEIVED
DEC 4 1922
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 413 S. 3rd St.

Hospital ——

Registration District No. 2 File No. 106047

Primary Registration District No. 1004 Registered No. 497

FULL NAME OF CHILD Lloyd W. Coxen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Nov. 15 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wm. F. Coxen	FULL MAIDEN NAME	Nora L. Long
RESIDENCE	413 S. 3rd St., Boise, Idaho	RESIDENCE	413 S. 3rd St., Boise, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Barber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:00 p.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brartan
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Boise, Idaho

Filed Nov 22 1922 R. N. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-21-1001-793

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
DEC 4 1922
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. 24th + Pennsylvania Ave.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 106048

Registered No. 498

Full Name of Child Barbara Lorraine Colson

SEX OF CHILD: Female	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: 11 (Month) – 19 (Day) – 1922 (Year)

FATHER

FULL NAME: Walter Washington Colson

RESIDENCE: 24th + Pennsylvania Ave Boise

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Dairyman

MOTHER

FULL MAIDEN NAME: Margaret Lorain Gilbert

RESIDENCE: 24th + Penn. Ave - Boise Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4 Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. Carl Hill

Physician a. B.

(Physician or midwife)

Address Boise, Idaho

Filed Nov 21 1922 R. V. Park Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

162-117.001 #433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECE[illegible] DEC 4 [illegible] BUR[illegible]

County of Ada

City of Boise

No. 2314 Woodlawn Ave.

Registration District No. 2 File No. 106049

Hospital ——

Primary Registration District No. 1004 Registered No. 499

FULL NAME OF CHILD Ralph Mack Joslyn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Nov. 17 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	C. W. Joslyn	FULL MAIDEN NAME	Grace L. McLaughlin
RESIDENCE	2314 Woodlawn Ave., Boise, Idaho	RESIDENCE	2314 Woodlawn Ave., Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Vermont,	BIRTHPLACE	Iowa
OCCUPATION	Accountant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:20 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Boise, Idaho

Filed Nov 22 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-120-001 -354

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

RECEIVED DEC 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 511½ S 14th St.

Registration District No. 2

File No. 106050

Primary Registration District No. 1004

Registered No. 500

Hospital St Alphonsus

Full Name of Child Emile Albert Siron

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	11-20-1922

FATHER		MOTHER	
FULL NAME	A J Siron	FULL MAIDEN NAME	Sylvia Timmerman
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Belgium
OCCUPATION	Section hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1210 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs M D (Physician or midwife)

Given names added from a supplemental report

Address 402 Idaho Bldg

Filed Nov 22 1922 R H Pratt Registrar

19 Registrar

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-20-cd-869

PLACE OF BIRTH

Form V. S. No. 11—25m-4-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

RECEIVED
DEC 4 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

No. ____ St.

Registration District No. 2

File No. 106051

Primary Registration District No. 1004

Registered No. 501

Hospital St. Lukes Virginia

Full Name of Child Ethel House

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	11 - 20 - 1922

FATHER		MOTHER	
FULL NAME	Louis Henry House	FULL MAIDEN NAME	Jessie May Horsley
RESIDENCE	1118 Lee St, Boise, Ida.	RESIDENCE	1118 Lee St, Boise, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho.
OCCUPATION	Logger	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill

Physician (Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 24 19 22

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

RECEIVED
JAN 9 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

NOV 1 1922

Boise, Idaho, ... 192...

SEP - 9 1922
NOV

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: First & Bannock

County: Ada

File Number: 106051

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Nov. 20 192 2

Father: Louis Henry House (Full Name)

Mother: Jessie May Harsley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ethel House.
Child's Name in Full

Mrs. Jessie House.
Signature of Father or Mother

JUN 1 1970

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-202-00-249

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

RECEIVED DEC 1922

Registration District No. 2 File No. 106052

Primary Registration District No. 1004 Registered No. 502

FULL NAME OF CHILD Bernice Margaret Smith - (Mrs. Jim Alexander Mother)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		no	Nov (Month) 21 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Margaret Smith
RESIDENCE		RESIDENCE	Boise Route 4
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White AGE AT LAST BIRTHDAY 19 yrs. (Years)
BIRTHPLACE		BIRTHPLACE	Orangeville Illinois
OCCUPATION		OCCUPATION	House work -

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alfred Judge Jr.

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Ida.

Filed Nov 21 1922 R. H. Pratt
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214 122-00-812

PLACE OF BIRTH

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1902 W 13 St.

Registration District No. 2 File No. 106053

Hospital

Primary Registration District No. 1004 Registered No. 503

FULL NAME OF CHILD Kenneth Ernest Samuelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		YES.	Nov 22 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ernest C. Samuelson	FULL MAIDEN NAME	Orpha M. Castell
RESIDENCE	1902 W 13	RESIDENCE	1902 W 13
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Sweden	BIRTHPLACE	Nebr.
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4.05 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Boise Ida

Filed Nov 25 1922 R. H. Pratt
Registrar.

ames added from a supplemental report.

....., 19.....

Registrar.

LY WITH UNFADING INK—THIS IS A PERMANENT RECORD
ore than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF HEALTH AND WELFARE

OF IDAHO

DEPAR... ...IC WELFARE

1923

Boise, Idaho, ... SEP 3 1922 .....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Boise
- Street: 1902 north 13th
- County: Ada

File Number: 106053

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Nov. 22 1922

Father: Ernest Edward Samuelson (Full Name)

Mother: Orpha M. Casteel (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Kenneth Ernest Samuelson
Child's Name in Full

Ernest E. Samuelson
Signature of Father or Mother

FEB 6 1958

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

443-228:001689

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

Registration District No. 2 File No. 106054

Primary Registration District No. 1004 Registered No. 504

FULL NAME OF CHILD Marcella Maxine Muller.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		YES.	Nov 28 1922

What bactericidal solution was used in eyes? Credes solution.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Geo Muller.	FULL MAIDEN NAME	Rose Alice Whitney
RESIDENCE	Davis Meat Co.	RESIDENCE	Davis Meat Co
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Switzerland	BIRTHPLACE	Idaho.
OCCUPATION	Butcher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive 11.05 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank
(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boise Ida

Filed Dec 1 1922 R. H. Pratt
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

298431.001-243

PLACE OF BIRTH

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Luke's

Registration District No. 2 File No. 106055

Primary Registration District No. 1004 Registered No. 583

FULL NAME OF CHILD Melvin Bucklin Bryant

Sex of Child M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct. 31 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Melvin Berry Bryant	FULL MAIDEN NAME	Emma Bucklin
RESIDENCE	1814 N. 8th	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Washington
OCCUPATION	Automobile business	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:15 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Springer
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address Boise Ida.

Filed 12/21 1922 R. H. Pratt
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

735-16-0006-385

PLACE OF BIRTH

RECEIVED DEC 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____ St. Registration District No. 2 File No. 106056

Hospital St Luke's Primary Registration District No. 1004 Registered No. 506

FULL NAME OF CHILD Charles Harry Sleath
(Certificate of no value without full name of child.)

Sex of Child: M | Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes. | Date of birth: Nov. 16 1922 (Month) (Day)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth: 2 Number of children of this mother now living, including present birth: 2

FATHER		MOTHER	
FULL NAME	Harry C Sleath	FULL MAIDEN NAME	Maria Flair
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 6 lbs 6 oz, at (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Johnson M.D
(Physician or midwife)

Address Boise

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 12-2-1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1976

SEP 11 1942

393-114-001-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1615 N 16 St. Registration District No. 2 File No. 106[redacted]

Hospital Primary Registration District No. 1004 Registered No. [redacted]

FULL NAME OF CHILD John Andrew Citchlow
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Nov. 14 1922

What bactericidal solution was used in eyes? Kollasol

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Thos Citchlow	FULL MAIDEN NAME	Annie Larson
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Utah
OCCUPATION	Fireman (City)	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 12.55 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Holverson
M. D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Boise

Filed 12-2 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 12 1973

MAR 11 1952

993-229-001-215

PLACE OF BIRTH

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 111 S 13 St.

Registration District No. 2 File No. 106058

Hospital

Primary Registration District No. 1004 Registered No. 508

FULL NAME OF CHILD Mary Milinkovitch
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	Nov. 29 1922

What bactericidal solution was used in eyes? Kollusol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Mike ~~Mark~~ Milinkovitch	FULL MAIDEN NAME	Rose Sancaic ~~Rose Sancaich~~
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Laborer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 a. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Hoverson
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Boise

Filed 12-2 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 4 2015 x3

[redacted] 75-8-110-003-718

BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106059

[redacted]

No. 926 W Young St. Registration District No. 28 File No. 82

Hospital [redacted] Primary Registration District No. 2161 Registered No. 4627

FULL NAME OF CHILD Fred Clifton Lehring

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1	Yes	10 10 1922

What bactericidal solution was used in eyes? 1% argent

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Fred Lehring	FULL MAIDEN NAME	Carrie Payne
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Switzerland	BIRTHPLACE	Wyo.
OCCUPATION	Baker	OCCUPATION	Kwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 45 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Young

(Physician or midwife)

Address Pocatello Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 11/1 192 2 J M Young

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769-210-003-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106060

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

County of Bannock
City of Pocatello
No. 236 W Young — Registration District No. 28 — File No. 82
Hospital — Primary Registration District No. 241 — Registered No. 4628

FULL NAME OF CHILD Carrie Virginia Poage.
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	10-10-1922

What bactericidal solution was used in eyes? 1% argyrol

Number of child of this mother, including present birth 3 — Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Earl Poage	FULL MAIDEN NAME	Iva Gardner
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Neb.	BIRTHPLACE	Idaho
OCCUPATION	Fireman	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5-45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J P Young
(Physician or midwife)
Address Pocatello Ida

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 11/1 1922 J P Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-112-603-386

PLACE OF BIRTH

RECEIVED NOV 16 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106061

County of Bannock

City of Pocatello

Registration District No. 28 File No. 82

No. ..... St. -

Primary Registration District No. 2161 Registered No. 4624

Hospital General

FULL NAME OF CHILD Carl LeRoy Sherwood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Oct 12 1922

FATHER		MOTHER	
FULL NAME	Leroy James Sherwood	FULL MAIDEN NAME	Alleen Thompson
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	w AGE AT LAST BIRTHDAY 21 (Years)	COLOR	w AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Boiler-maker	OCCUPATION	huf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J K Young

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Pocatello Ida

Filed 11/1 1922

J K Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-27-41

APR 1 1972

OCT 8 194

367-216 - 03-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106062

County of Bannock

City of Pocatello

Registration District No. 28

File No. 82

No. 654 W Grey St.

Primary Registration District No. 2161

Registered No. 4430

Hospital

FULL NAME OF CHILD ~~Bernard~~ BANIA Lopez

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1	yes	10 (Month) / ~~14~~ 16th (Day) / 22 191 (Year)

FATHER		MOTHER	
FULL NAME	John Lopez	FULL MAIDEN NAME	Rosina ~~Mary~~ Sevina
RESIDENCE	654 W Grey	RESIDENCE	654 W Grey
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lopez

phy (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 85 3 No Main

Filed 11/1 1922

J. H. Young Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Park }

Certificate No. 106062

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for Bania Lopez (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 16, 1922 (DATE OF EVENT)
in Pocatello, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name		Bania Lopez
Date	Oct. 14th	Oct. 16, 1922
Mother's name	Mary Snider	Rosina Sevina

Subscribed and sworn to before me this 2nd day of March, 1943

Notary Public, residing at Livingston, Mont

My commission expires Sept 9th, 1944
(SEAL)

Signed Rosina Sevina Lopez
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

117 No. L. St--Livingston, Mont.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Park }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of March, 1943

Notary Public, residing at Livingston, Mont.

My commission expires Sept. 9th, 1944
(SEAL)

Signed G. S. Larango
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

109 No. H St. Livingston, Montana
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 8 1943

315-214-003-292

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106063

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

Registration District No. 28 File No. 82

Primary Registration District No. 2161 Registered No. 4631

FULL NAME OF CHILD Patricia Baby Taylor

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	10-14-1922

What bactericidal solution was used in eyes? Cr. No. 3 - 30%.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry M. Taylor	Jennie Keser
RESIDENCE	Pocatello	Pocatello
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Colorado.	Colorado
OCCUPATION	Mail Carrier	N. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Address Pocatello

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 11/1 1922 [signature]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

597-115-003-613

Amended 03-27-06 ns

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

RECEIVED NOV 15 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106064

County of Bannock

City of Pocatello

Registration District No. 28 File No. 82

No. 626 So 3rd St.

Primary Registration District No. 2161 Registered No. 4632

Hospital Lyons Bros

FULL NAME OF CHILD Frank Vigliaturo

October 1922

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	11 15 1922

FATHER		MOTHER	
FULL NAME	Sam Vigliaturo	FULL MAIDEN NAME	Francis Falco
RESIDENCE	626 So 3rd	RESIDENCE	626 So 3rd
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	6 Da 9 No 3 170	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phy (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 853 No Main

Filed 11/1 1922 [signature] Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1950

OCT 24 1949

NOV 30 1949

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

2006 MAR 24 AM 11:18

State of _____ SS
County of _____

Certificate No. 22-106064
Date Filed November 18, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for Franke Viglianturo (Name on Original Certificate) who was born (Was Born, Died, etc.) on November 15, 1922 (Date of Event)
in Pocatello (Bannock Co.) (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's first name	Franke	Frank
Child's surname	Viglianturo	Vigliaturo
Child's date of birth	November 15, 1922	October 27, 1922
Father's surname	Viglianturo	Vigliaturo

Subscribed and sworn to before me this 17th day of March 2006
Notary Public, _____
Residing at 3191 University Ave, San Diego, CA 92104
My commission expires 5/27/08
(Seal)

LAWRENCE RICHARD FISHER JR.
COMM. #1486749
NOTARY PUBLIC • CALIFORNIA
SAN DIEGO COUNTY
Comm. Exp. MAY 27, 2008

Frank Joseph Vigliaturo
Signature of Applicant
3419 Texas San Diego 92104
Street Address, City, State and Zip
Frank Joseph Vigliaturo

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ SS
County of _____

(Must be completed ☐) _____
(Is not necessary ☒) _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

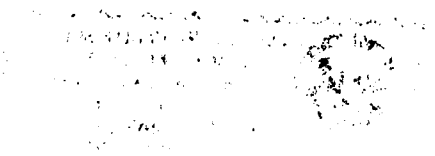
03-09-06

BANK OF AMERICA CUSTOMER PROFILE FOR FRANK J VIGLIATURO DOB 10-27-22 SHOWING CUSTOMER SINCE 10-10-65. VIEWED BY VS

ARMY HONORABE DISCHARGE FOR FRANK J VIGLIATURO DATED 04-25-46 VIEWED BY VS
SHOWING DOB AS 10-27-22 VIEWED BY VS

ID BIRTH CERT 27-156579 FOR ALBERT JOSEPH VIGLIATURO BORN 10-29-27 IN POCATELLO (BANNOCK CO SHOWING FATHER'S NAME AS SAM VIGLIATURO

ID DEATH CERT 70-1990 FOR SALVATORE (SAM) VIGLIATURO WHO DIED 05-02-70 IN POCATELLO (BANNOCK CO) VIEWED BY VS



V 33-165-007-396

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 15 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106065

County of Bannock
City of Pocatello
No. ____ St.
Hospital Genl

Registration District No. 28 File No. 82
Primary Registration District No. 2161 Registered No. 4633

FULL NAME OF CHILD Russell Marshall McCuan
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	10-18- 1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Marshall McCuan	Mary Pearl Croft
RESIDENCE	Pocatello	Pocatello
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Texas	Arkansas
OCCUPATION	RR Shopman	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Ray M.D.
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 11/1 1922 J. W. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-14-41

7-17-41

533-116-007-994

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106066

County of Bannock

City of Pocatello

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

Registration District No. 28 File No. 82

No. ..... St.

Primary Registration District No. 2161 Registered No. 4634

Hospital Poc. Gen Hosp.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m.		yes	10 (Month) 16 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Joseph Clarence Ellis	FULL MAIDEN NAME Elsie Irene Riddell
RESIDENCE 1234 N. Hayes	RESIDENCE 1234 N. Hayes.
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Odgen Utah	BIRTHPLACE Richmond. Va.
OCCUPATION Foreman Poc. Gas Plant.	OCCUPATION Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. M. Newton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello

Registrar

Filed 11/1 1922

J. R. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-217-007-268

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106067

County of Pannock P.

City of Pocatello

No. 417 N. Arthur St. Registration District No. 28 File No. 82

Hospital Primary Registration District No. 2161 Registered No. 4635

FULL NAME OF CHILD Edna Rose Green
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female	—		—	Yes	Oct	17	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edgar L. Green	FULL MAIDEN NAME	Inez Hazel Boyd
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Kimming Idaho	BIRTHPLACE	Colfax Iowa
OCCUPATION	Baker	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 55 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. D. Madden
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 312 Carlson Bldg

Filed 11/1 1922 J. R. Young
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-214-003-849

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 106068
Local Reg. No. 4637
Reg. Dist. No. 28

Amended 2-14-75

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 834 W. Center

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Emma
b. (Middle): Fern
c. (Last): Bird

4. SEX: female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) October (Day) 19, (Year) 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Victor
b. (Middle): G.
c. (Last): Bird

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Nephi, Utah

10. USUAL OCCUPATION: Truck Driver

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Ardis
b. (Middle):
c. (Last): Hurst

13. AGE (At time of this birth): 21 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Logan, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Wm. D. Madden

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: 312 Carlson Bldg.

20. DATE SIGNED: November 1, 1922

21. DATE REC'D BY LOCAL REG.: Nov.1,1922

22. REGISTRAR'S SIGNATURE: J. R. Young

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? Argyrol

METHOD OF DELIVERY:

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
OCT 5 32 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 106068

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Aroline Bird (Name on Original Certificate) who was born (Was Born or Died) on Oct. 19, 1922 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Aroline Bird	Emma Fern Bird
date of birth	Oct. 19, 1922	Oct. 19, 1922

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed × Arline H Bird (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of September, 1974

Notary Public, residing at Mary Isabella Easton
My commission expires 4-8-1977
(Seal)

Signed .....
(Signature of Any Credible Person)

754 So. State Salt Lake City, Utah
(Street Address, City, State)

FORM DH 60-155

CL 3/5/74

Certificate of birth as recorded with the L. D. S. Church in Salt Lake City, Utah shows that Emma Fern Bird was born October 19, 1922 in Pocatello, Idaho, to Victor G. Bird an d Ardis Hurst. Recorded 1923 page 1008 line 1446 boor of Births and Blessings. Feb. 4, 1923.
Viewed by V. S.

Family Record as statement made by mother gives name as Emma Fern Bird born October 19, 1922 in Pocatello, Idaho. Record obtained.
Viewed by V.S.

566-220-003-168

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106069

CERTIFICATE OF BIRTH

County of Bannock

City of ~~Pocatello~~ Idaho

No. Pocatello St.

Registration District No. 28 File No. 82

Hospital

Primary Registration District No. 2161 Registered No. 4638

FULL NAME OF CHILD ~~Baby~~ Clara Coffin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
X		Yes	10/20 1922

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Wm Barney Coffin	FULL MAIDEN NAME	Anna M. Johnson
RESIDENCE	Downey, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Idaho	BIRTHPLACE	Springville, Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address Pocatello

Filed 11/1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 2 4 1969

292-120-003-339

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106070

RECEIVED
NOV 16 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Bannock

City of Pocahello

No. 1534 N Harrison St.

Registration District No. 28 File No. 82

Hospital

Primary Registration District No. 2161 Registered No. 4639

FULL NAME OF CHILD Harold Carlton Bible
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m		yes	10-20-1922

What bactericidal solution was used in eyes? 10 % Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Raleigh Clifford Bible	FULL MAIDEN NAME	Aneta Clifford
RESIDENCE	Pocahello Idaho	RESIDENCE	Same
COLOR	wh AGE AT LAST BIRTHDAY 26 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Idaho
OCCUPATION	R R brakeman	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8-00 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD
(Physician or midwife)

Address Pocahello Idaho

Filed 11/1 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1943

719-223-003-699

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106071

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 82

Hospital Poca. General Primary Registration District No. 2161 Registered No. 4640

FULL NAME OF CHILD Ruth Jean Paige
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
2		yes	10/23 1922

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry C. Paige	FULL MAIDEN NAME	Francis Sylvia Fried
RESIDENCE	519 W. Gould	RESIDENCE	Same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Brookville, Kansas	BIRTHPLACE	Russia
OCCUPATION	Brakeman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12 M. ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Pocatello

Filed 11/1 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP - 9 1922

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELF[illegible]

SEP 13 1922
SEP - 9 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Street: 519 W. Gould

County: Bannock

File Number: 106071

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Oct. 23 1922

Father: Harry Clinton Paige
Full Name

Mother: Frances Sylva Fried
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ruth Jean Paige
Child's Name in Full

Harry C Paige
Signature of Father or Mother

OCT 6 1944
SEP 20 1973
JUL 9 1944

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CH

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parer and legitimacy.

It enables the Public Health Nurse to make sure the child been protected from danger of blindness and other infections at bi

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are c pelled to furnish certified copies of certificates of birth, it is portant that the certificates be filed with the BUREAU OF VITAL STA TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

165-223-003-897

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106072

County of Bannock

City of Pocatello

Registration District No. 28 File No. 82

No. 1546 No. Harrison

Primary Registration District No. 2161 Registered No. 4641

Hospital

FULL NAME OF CHILD Velma Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jacob Orlando Jones	FULL MAIDEN NAME	Fanny Rachel Higgins
RESIDENCE	1546 No. Harrison	RESIDENCE	1546 No Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	O. S. Line	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... | Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 858 No. Main

Filed 11/1 1922

J. R. Young

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-226-003-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106073

County of Bannock

City of Pocatello

No. 3360 [redacted] Registration District No. 28 File No. 82

Hospital ..... Primary Registration District No. 2161 Registered No. 4642

FULL NAME OF CHILD Julia Ivr McLaughlin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
fr		yes	10-26-192 2

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Benj F McLaughlin	FULL MAIDEN NAME	Bessie Miller
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Colo	BIRTHPLACE	Colo
OCCUPATION	hardware merchant	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Clay M D
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 11/1 192 J W Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 3 1944

335-130-003-293

PLACE OF BIRTH

RECEIVED
NOV 16 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106074

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 632 w Wyeth St.

Registration District No. 28 File No. 82

Hospital

Primary Registration District No. 2161 Registered No. 4643

FULL NAME OF CHILD Keith Delmont Cleveland

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	10-30-192 2

What bactericidal solution was used in eyes? 10 % argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Heber R Cleveland	FULL MAIDEN NAME	Lucy Killian
RESIDENCE	not known	RESIDENCE	Pocatello Idaho
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	S. Carolina	BIRTHPLACE	Idaho
OCCUPATION	electrician	OCCUPATION	housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9.30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Kay M D

(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 11/1 192 2 H Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

741-131-203-175

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106075

County of Bannock

City of Pocatello

No. 442 E. Hayden St.

Registration District No. 28

File No. 82

Hospital

Primary Registration District No. 2161

Registered No. 4644

FULL NAME OF CHILD Joseph Libirato Gianchetta
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	10/31/192

What bactericidal solution was used in eyes? agno3 1%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Joseph Gianchetta	FULL MAIDEN NAME	Catherina D'Agostilli
RESIDENCE	Pocatello	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Stock buyer	OCCUPATION	Keep House

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 10 A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Young
(Physician or midwife)

Address Pocatello Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 11/1 192 J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

995-27-003-666

PLACE OF BIRTH

RECEIVED
NOV 15 1927
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106076

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 82

Hospital St. Anthony's Primary Registration District No. 2161 Registered No. 4607

FULL NAME OF CHILD John Ziebarth III.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	9-27-192[illegible]

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Ziebarth II	FULL MAIDEN NAME	Emma Woodruff
RESIDENCE	Pocatello	RESIDENCE	Pocatello.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Illinois.	BIRTHPLACE	Utah.
OCCUPATION	Student	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Physician

(Physician or midwife)

Address Pocatello

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 11/1 192[illegible] J. H. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1942

MAR 9 1955

556-128-003-366

PLACE OF BIRTH

RECEIVED
NOV 10 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106077

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No 1448 N. Main St.
Registration District No. 28 File No. 82
Hospital
Primary Registration District No. 2161 Registered No. 4608

FULL NAME OF CHILD GLENN James Newbold
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 28 1922

What bacteriocidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	John Newbold	FULL MAIDEN NAME	Isabel Jane Lowe
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Smithfield Utah	BIRTHPLACE	Franklin Idaho
OCCUPATION	Coach carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed ..... 192..
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 106077

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Glenn James Newbold (Name on Original Certificate) who Born (Was Born or Died) on September 28, 1922 (Date of Event)
in Pocatello Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	James	Glenn James Newbold

Subscribed and sworn to before me this 25th
day of August, 1943
G. Freed
Notary Public, residing at Glendale Cal
My commission expires 4/29/45
(Seal)

Signed H. J. Newbold
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT. 4 1943

OCT 7 1943

419-129-003-819

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106078

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 845 N. Layfield St.
Registration District No. 28 File No. 82
Hospital
Primary Registration District No. 2161 Registered No. 4609

FULL NAME OF CHILD Chester Berry Martin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 29 1922

What bacterioidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Homer Caldwell Martin	FULL MAIDEN NAME Beulah Inez Harrell
RESIDENCE	Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Denver Colo.	BIRTHPLACE Rogersville Tennessee
OCCUPATION	Machinist	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6a M. on the date above stated.
(Born alive or stillborn)

(Signature) Mrs Brothers

(Physician or midwife)

Address Pocatello Idaho

Filed 11/1 1922 J. H. Young
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

399-129-003-349

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106079

PLACE OF BIRTH

County of Bannock
City of Pocatello
No. 434 W. Halliday St.
Hospital

Registration District No. 28 File No. 82
Primary Registration District No. 2161 Registered No. 4680

FULL NAME OF CHILD Virgil Curtis Crippin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept 29 1922

What bacteriolidal solution was used in eyes? 15% argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Virgil Clifford Crippin	FULL MAIDEN NAME	Louretta Curtis
RESIDENCE	Pocatello Idaho.	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Fayetteville Arkansas	BIRTHPLACE	Preston Idaho.
OCCUPATION	Chauffer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 6:30 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W R Brothers
(Physician or Midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 11/1 1922 R Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1942

MAR 13 1951

281-230-003-916

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106080

County of Bannock
City of Pocatello
No. 835 N. 11th St.
Hospital

Registration District No. 28 File No. 82
Primary Registration District No. 2161 Registered No. 4611

FULL NAME OF CHILD Sarah Lucile Shantow
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Sept 30 1922

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 12 Number of child of this mother now living, including present birth 10

	FATHER	MOTHER
FULL NAME	John Peter Shantow	Amelia Maria Pawson
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W	White
AGE AT LAST BIRTHDAY (Years)	47	43
BIRTHPLACE	Antelope Co. Nebraska	Plain City, Utah
OCCUPATION	Car Repairer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

Filed 11/1 1922 J. H. Young
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

254-226-003-465

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
NT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106081

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 82

Hospital General. Primary Registration District No. 2161 Registered No. 4612

FULL NAME OF CHILD Gloria Belle Kedney

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	July 26 1922

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Harness Kedney	FULL MAIDEN NAME	Maud Hommer.
RESIDENCE	Pocatello Idaho.	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Chillicothe Ohio	BIRTHPLACE	Pocatello Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Brockus

(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT

296-201-003-651

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106082

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 28 File No. 82

Primary Registration District No. 2161 Registered No. 4613

FULL NAME OF CHILD Gene Brown

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Sr		Yes	10-1- 1922

What bactericidal solution was used in eyes? 10% argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Elbert R Brown	FULL MAIDEN NAME	May Weaver
RESIDENCE	Pocatello R.F.D.	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	rancher	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 a M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Kay MD

(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 11/4 1922 H Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

85-201-003-764

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106083

County of Bannock
City of Pocatello
No. 635 W. Alameda St. Registration District No. 28 File No. 82
Hospital Primary Registration District No. 2161 Registered No. 4614

FULL NAME OF CHILD Dorabel Lynch
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Oct 1 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Will L. Lynch	Flora L. Poulter
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Eldorado Kansas	Ogden Utah
OCCUPATION	Machinist Fireman	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W. N. Hadden
Physician
(Physician or midwife)
Address 312 Carlson Bldg Pocatello

Filed 11/4 1922 J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 27 1942

693-[illegible]01-003-391

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106084

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello, Ida.

No. North 7th St. Registration District No. 28 File No. 82

Hospital St. Anthony Primary Registration District No. 2161 Registered No. 4615

FULL NAME OF CHILD Helen Alwilda Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1st		1st	Yes	Oct 1 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate Sol 1% M I

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J Stevenson Williams	FULL MAIDEN NAME	Lola Trapp
RESIDENCE	1236 East Clark	RESIDENCE	1236 East Clark
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Chesterfield, Idaho	BIRTHPLACE	Pocatello, Idaho
OCCUPATION	Clerk	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A M Newton
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 11/1 1922 J R Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP - 2 1941

3510-102.003-458

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106085

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 82

Hospital Pocatello Gen'l Primary Registration District No. 2161 Registered No. 4616

FULL NAME OF CHILD Robert Meyer Leonard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	10/2/1922

What bactericidal solution was used in eyes? 15 o/o argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Eugene P Leonard	FULL MAIDEN NAME	Georgia Meyer
RESIDENCE	Pocatello, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Milan, Mich.	BIRTHPLACE	Missouri
OCCUPATION	Druggist & Teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 6.50 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 11/1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1955

NOV 9 1942

593-102-003-811

PLACE OF BIRTH

RECEIVED NOV 16 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106086

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Ida

No. N. 7th St. Registration District No. 28 File No. 82

Hospital St Anthony Primary Registration District No. 2161 Registered No. 4617

FULL NAME OF CHILD William Henry Eichelberger
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1		2nd	Yes	Oct 2 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate Sol 1% M I

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm H. Eichelberger	FULL MAIDEN NAME	Lenore Haas
RESIDENCE	940 N. Lincoln	RESIDENCE	940 N. Lincoln
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Pittsburg Kansas	BIRTHPLACE	Pocatello, Idaho.
OCCUPATION	Fireman	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A.M. Newton

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 11/1 1922 J R Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
DEC 26 1922
BUREAU OF VITAL
STATISTICS

Boise, Idaho, SEP - 9 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello Ida.

Street: St. Anthonys Hospital

County: Bannock

File Number: 106086

Registration Dist. No.:

Date of Birth: Oct 2nd 192 2

Sex of Child: Male

Father: Wm H. Eichelberger (Full Name)

Mother: Lenora Haas (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William Henry Eichelberger Jr.

Child's Name in Full

Wm H. Eichelberger

Signature of Father or Mother

NOV 27 1953

APR 2 1968

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

154-202-003-964

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106087

RECEIVED NOV 1 ... BUREAU ... STATE

County of Bannock

City of Pocatello

No. RXD St.

Registration District No. 28 File No. 82

Hospital

Primary Registration District No. 2161 Registered No. 4618

FULL NAME OF CHILD Mary Alice Andrews
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 2 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John E. Andrews	FULL MAIDEN NAME	Mary Irene Romaine
RESIDENCE	Onyx	RESIDENCE	Onyx
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Tennessee	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 20 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl W Clark MD
(Physician or midwife)

Address Pocatello

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 11/1 1922

J E Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-204-003-234

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106088

County of Bannock

City of Pocatello

No. 7th St.

Registration District No. 28 File No. 82

Hospital St. Anthony Mercy Primary Registration District No. 2161 Registered No. 4619

FULL NAME OF CHILD Donald Keith Schneider
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1		1	Yes	Oct 4 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate 1 % 1911

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Glen Curtis Schneider	FULL MAIDEN NAME	Amy Stella Blue
RESIDENCE	526 W. Sublette	RESIDENCE	526 W. Sublette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Onega Kansas	BIRTHPLACE	Nardin Oklahoma
OCCUPATION	Check Clerk.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) De A M Newton
(Physician or midwife)

Address Pocatello

Filed 11/1 1922 J. R. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

DEPARTME[illegible] - 9 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello Ida.
Street: 526 W. Sublette
County: Bannock

File Number: 106088

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Oct 4th 192.?

Father: Glenn Curtis Schneider (Full Name)
Mother: Amy Estella Blue (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named

Donald Keith Schneider
Child's Name in Full

G. C. Schneider
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

259-205-003-437

PLACE OF BIRTH

RECEIVED
NOV 15 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106089

County of Bannock

City of Pocatello

No. ____ St.

Hospital General

Registration District No. 28 File No. 82

Primary Registration District No. 2161 Registered No. 4620

FULL NAME OF CHILD Helen Louise Kerr

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	10-5-192[illegible]

What bactericidal solution was used in eyes? Cr. No 3 - 1%.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chester Hastis Kerr	FULL MAIDEN NAME	Gladys Mc Gillivray
RESIDENCE	Pocatello.	RESIDENCE	Pocatello.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Huron S.D.	BIRTHPLACE	Los Angeles Cal
OCCUPATION	City Cigar salesman	OCCUPATION	N. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 6 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) [signature]

Physician

(Physician or midwife)

Address Pocatello.

Filed 11/1 1922 J. R. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-226-883-866

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 15 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106090

County of Bannock
City of Pocatello
No 147 N Garfield Registration District No. 28 File No. 82
Hospital — Primary Registration District No. 2141 Registered No. 4621

FULL NAME OF CHILD Eloise Fern Albrecht
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Oct 6 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Henry Albrecht	Nellie Fern Howard
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	New York City N.Y.	Pontiac Ill.
OCCUPATION	R.R. Mail Clerk	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 P. M. on the date above stated.

(Signature) W. H. Gladden
Physician
(Physician or midwife)

Address 312 Carlson Bldg Pocatello

Filed 11/1 1922 J. H. Young Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-207-003-859

PLACE OF BIRTH

RECEIVED NOV 15 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106091

County of Bannock

City of Pocatello

No. North 7th St.

Registration District No. 28 File No. 82

Hospital St Anthony H. Primary Registration District No. 2161 Registered No. 4622

FULL NAME OF CHILD O'Nieta Mae Freidel.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1		1	Yes	Oct 7 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate 1% Col 1 gtt each eye

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Carl George Freidel	FULL MAIDEN NAME	Matilda C. Herbert
RESIDENCE	1215 No Main St	RESIDENCE	1215 No Main St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Byron Germany	BIRTHPLACE	Pierce Nebraska
OCCUPATION	Baker	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Am. Newton

(Physician or midwife)

Address Pocatello

Filed 11/1 1922 J. Young
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

099-107-003-433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106092

CERTIFICATE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

County of Bannock
City of Pocatello
No. ____ St. ____
Hospital Bungard
Registration District No. 28 File No. 82
Primary Registration District No. 216 Registered No. 4623

FULL NAME OF CHILD Clifford Kirkendall Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Oct 7 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clifford Kirkendall	FULL MAIDEN NAME	Anna McCullough
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Parkdale Wyo.	BIRTHPLACE	Logan Utah.
OCCUPATION	Manager Inter Mountain Elect.	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Brothers
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 11/1 1922 H. Young
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 2 5 19[illegible]

DECEASED

493-08-1003-799

PLACE OF BIRTH Adopted by Henry L Mickelsen Bancroft Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106093

RECEIVED
NOV 15 1922
STATE OF IDAHO

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 82

Primary Registration District No. 2161 Registered No. 4624

Hospital Pocatello Gen.

FULL NAME OF CHILD Steven LaVerne Mickelsen

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			No	Oct 8 1922

What bacteriolidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Miss Eva Priest
RESIDENCE	Not known	RESIDENCE	Pocatello Idaho
COLOR		COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE		BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at Oct 8 11 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl W Clark

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Nov 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9X7-108-003-212

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106094

STATISTICS CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 756 Randolph St. Registration District No. 28 File No. 82

Hospital Primary Registration District No. 2161 Registered No. 4625

FULL NAME OF CHILD ~~Baby Rupp~~ GERALD AUSTIN RUPP

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	10-8-1922

What bacteriolal solution was used in eyes? Ag NO3 - 1%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME	George Earl Rupp.	FULL MAIDEN NAME Ruby Baker.
RESIDENCE	Pocatello.	RESIDENCE Pocatello.
COLOR	W	COLOR W.
AGE AT LAST BIRTHDAY (Years)	33	31
BIRTHPLACE	Utah	Wyoming
OCCUPATION	Carman	N. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Address Pocatello

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 11/1 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Bannock, }

Certificate No. 106094

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Gerald Austin Rupp (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 8th, 1920, (DATE OF EVENT) in Pocatello, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov. 10th. 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Gerald Austin Rupp

Subscribed and sworn to before me this 4th day of January, 1943.

Teodore V. Gathe, Jr.
Notary Public, residing at Pocatello, Idaho.

My commission expires Feb. 15, 1946.
(SEAL)

Signed Earl Rupp Father.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

215 McKinley Ave. Pocatello, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Bannock, }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of January, 1943.

Teodore V. Gathe, Jr.
Notary Public, residing at Pocatello, Idaho.

My commission expires Feb. 15, 1946.
(SEAL)

Signed Mary A Rupp
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

215 Mc Kinley Ave. Pocatello Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1943 By
(REGISTRAR'S SIGNATURE)

JAN 27 1943

113-109: 003-795

PLACE OF BIRTH

RECEIVED
NOV 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106095

County of Bannock

City of Pocatello

No. 245 So 3rd St.

Registration District No. 28 File No. 84

Hospital

Primary Registration District No. 7461 Registered No. 7626

FULL NAME OF CHILD Elden John Jackson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	10 - 9 1922

What bactericidal solution was used in eyes? 1% agnds

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Jackson	FULL MAIDEN NAME	Blanch Green
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Pa	BIRTHPLACE	Ida.
OCCUPATION	Teamster	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 11 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Young
(Physician or midwife)

Address Pocatello - Ida

Filed 11/1 1922 J H Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STAT

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

SEP - 9 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: P[illegible]

Street: 245 [illegible]

County: [illegible]

File Number: 106095

Registration Dist. No. .....

Date of Birth: Oct 9th 192.2

Sex of Child: Male

Father: John Jackson (Full Name)

Mother: Blanche Green (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eldon John Jackson (Child's Name in Full)

Mrs John Jackson (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH 433-220-003955

RECEIVED DEC 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106096

County of Bannock

City of Lava Hot Springs

Registration District No. 82 File No. 63

No. ..... St.

Primary Registration District No. 2159 Registered No. .....

Hospital .....

FULL NAME OF CHILD Charlotte Eileen McCulloch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov 20 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edwin McCulloch	FULL MAIDEN NAME	Nellie Rosetta Reese
RESIDENCE	Blaser	RESIDENCE	Blaser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Blaser
OCCUPATION	Farmer	OCCUPATION	Farmerswife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret E Reese

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 1922

Ellis Kaikey Registrar

Address Lava Hot Springs, Ida.

Filed Nov 30 1922 Ellis Kaikey Registrar

S-Y-CO 38071

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 106096

County of Lemhi } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Charlotte Eileen Ma- (BIRTH OR DEATH)

for Charlotte Eileen McColloch (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Nov 20th, 1922 (DATE OF EVENT)

in Lava Hot Sngs, Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Birth certificate on file with State. (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Lione	Charlotte Eileen McCulloch

Subscribed and sworn to before me this 25th day of Feby 19 43

Wm. J. Eakes

Notary Public, residing at Salmon. Idaho.

My commission expires April 26th, 1945 (SEAL)

Signed Nellie Rosetta McCulloch Sole OTHER

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Salmon, Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

My commission expires (SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

SEP 26 1967

MAR 2 19

265-102-[redacted]3

PLACE OF [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Geneva

No. ..... St.

Registration District No. 52

File No. 106097

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Russell Grant Boehme.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	Aug. 2 1922.

What bactericidal solution was used in eyes? Silver Nit.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3.

FATHER		MOTHER	
FULL NAME	Fredrick Wm. Boehme	FULL MAIDEN NAME	Etta May Fuller.
RESIDENCE	Geneva.	RESIDENCE	Geneva.
COLOR	White. AGE AT LAST BIRTHDAY 34. (Years)	COLOR	White. AGE AT LAST BIRTHDAY 36. (Years)
BIRTHPLACE	Germany.	BIRTHPLACE	Geneva, Ida.
OCCUPATION	Baucher.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Madera.
Physician.
(Physician ~~or midwife~~)

Address Coperville, Ida.

Filed 11-15-1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 14 1973

156-110-004-269

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St. .....

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62

File No. 106098

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Earl Jewett

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	Aug 10, 1922

What bacteriedal solution was used in eyes? 5% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Vernon Jewett	FULL MAIDEN NAME	Nettie Sorensen
RESIDENCE	Norman	RESIDENCE	Norman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Norman	BIRTHPLACE	Single
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician

(Physician or midwife)

Address Montpelier

Filed 11-15-1922 W. H. Berg

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-210-004-651

Amended 5-13-64 (Be sure the information is complete and accurate)

State File No. 106099

Local Reg. No.

Reg. Dist. No. 52

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dingle

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bear Lake

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dingle

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Mada b. (Middle): Genevieve c. (Last): Sorenson

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	Aug. 10, 1922

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Andrew		Sorenson	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
41 YEARS	Denmark	Farming	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Sarah	J.	Weaver	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
37 YEARS	Bennington, Ida,	7	3	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Elmer E. Hinckley

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Montpelier, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 11-15-1922

20. REGISTRAR'S SIGNATURE: H.H. King

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREGNANCY WEEKS:

22b. WEIGHT AT BIRTH LBS. OZS.:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Approximate date

Name prophylactic used to prevent Ophthalmia Neonatorum: 5% Argyrol

Form DPH-48001

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occ hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phy or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owi the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth c red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... **Induced?**.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 106099

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Sorenson (Name on Original Certificate) who was born (Was Born or Died) on Aug. 10, 1922 (Date of Event)

in Dingle, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mada Genevieve Sorenson
Sex of Child	Boy	Female

Subscribed and sworn to before me this 5th day of May, 1964

Ruth Aland

Notary Public, residing at .....

My commission expires .....

(Seal)

RUTH ALAND
Notary Public
Montpelier, Idaho
My Commission Expires
March 6, 1964

Signed Sarah Jane Weaver Sorenson
(Signature of [illegible] record; or [illegible] funeral director, [illegible] a death [illegible] or other credible [illegible])

854 Lincoln St. Montpelier, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of May, 1964

Ruth Aland

Notary Public, residing at .....

My commission expires .....

(Seal)

RUTH ALAND
Notary Public
Montpelier, Idaho
My Commission Expires
March 6, 1964

Signed Frances Sorenson
(Signature of Any Credible Person)

c/o Downing Apartments
(Street Address, City, State)
Montpelier, Idaho

FORM DH 60-155 CL 3-19-64. nm

A

Own Child's Birth Cert. on file: (Idaho **Birth**) #50-14525 gives full name of mother as Mada Genevieve Sorenson - viewed by V.S.

L.D.S. Church Cert. of Blessing, Nov. 2, 1952 gives full name as Sharlene Aland, daughter of Dean Holmes Aland and Mada Genevieve Sorenson, born Sept. 21, 1952 at Montpelier, Idaho - viewed by V.S.

L.D.S. Church Cert. of Record of Membership, Blessed Oct. 16, 1922 gives full name as Mada Genevieve Sorensen Aland, born Aug. 10, 1922 at Dingle, Idaho to Andrew G. Sorensen and **Sarah** J. Weaver - viewed by V.S.

295718-004-964

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

NOV 27 192

Registration District No. 52

File No. 106100

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Charles William King

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	August 18 1922

FATHER		MOTHER	
FULL NAME	William Charles King	FULL MAIDEN NAME	Tabitha Irene Rodeback
RESIDENCE	Georgetown, Idaho	RESIDENCE	Georgetown, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Liberty, Idaho	BIRTHPLACE	~~Georgetown Idaho~~
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

*(Signature) Emma W. Clark

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Georgetown, Idaho

Filed 11-15-22 19.....

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 884-226-004-844

[redacted] BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] of Bear Lake

City of Paris Sharon

No. ..... St.

Registration District No. 52

File No. 10[redacted]

Hospital .....

Primary Registration District No. 2136

Registered No. [redacted]

FULL NAME OF CHILD BETH HYMAS
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes.	Aug 26 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

FATHER		MOTHER	
FULL NAME	Arsen W. Hymas	FULL MAIDEN NAME	Emma J. Humphrey
RESIDENCE	Paris. Sharon.	RESIDENCE	Sharon.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Liberty.	BIRTHPLACE	Paris.
OCCUPATION	Farmer.	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley
Physician
(Physician or midwife)

Address Montpelier, Ida.

Filed 11-20 1922 H H King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A[redacted]MANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for e[redacted] and the number of each, in order of birth stated.

[redacted]

[redacted]

[redacted]

RECEIVED
JUL 7 1955
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bear Lake }

Certificate No. 106101

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on Aug. 26, 1922 (Date of Event) in Liberty, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Blessing & Baptism Certificates prepared on Church Record (Bible Record, Insurance Policy, Etc.) prepared on Oct. 1, 1922 & Dec. 6, 1930 (Give Date) are: Viewed by Div. of Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	"Unnamed"	Beth Hymas

Subscribed and sworn to before me this 2nd day of July, 1955.

Ruth Aland

Notary Public, residing at

My commission expires

(Seal)

RUTH ALAND
Notary Public
Montpelier, Idaho
My Commission Expires
March 6, 1956

Signed Emma Hymas (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Liberty, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of July, 1955.

Ruth Aland

Notary Public, residing at

My commission expires

(Seal)

RUTH ALAND
Notary Public
Montpelier, Idaho
My Commission Expires
March 6, 1956

Phebe J. Derricott

Signed Nellie E. Lyon
(Signature of Any Credible Person)

Montpelier, Idaho
(Street Address, City, State)

DPH 52-155

JUL 11 1955

PLACE OF BIRTH
614228.004-229

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Nounan

No. ..... St. Registration District No. 52 File No. 106102

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Melba Waddoups
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Aug (Day) 28 (Year) 1922
Girl		Yes	

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Edwin Earl Waddoups	FULL MAIDEN NAME	Ireta S. Skinner
RESIDENCE	Nounan.	RESIDENCE	Nounan
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Fairview, Idaho.	BIRTHPLACE	Nounan.
OCCUPATION	Laborer.	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley
Physician
(Physician or midwife)

Address Montpelier, Ida.

Filed 11-20 1922 H. H. King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK[illegible]NENT RECORD
N. B.—In case of more than one child at birth a SEP[illegible]N must be made for each and the number of each, in ord[illegible] stated.

298R

191R4.

...E OF IDAHO

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED
1922
BUREAU OF VITAL STATISTICS

Place of Birth — City: Hamman

Place of Birth — Street: .....

Place of Birth — County: Bear Lake

File Number: 106102

Registration Dist. No: .....

Sex of Child: Female

Date of Birth: Aug 28 1922

Father: Edmond Earl Waddoups (Full Name)

Mother: Leta Minerva [illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Priscilla Waddoups

Child's Name in Full

[illegible] Leta Waddoups

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

DEC 9 1942 - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-128-004-259

PLACE OF BIRTH

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52

File No. 106103

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Thomas Eugene Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Aug. 28 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Harry S. Smith	FULL MAIDEN NAME	Clara Berry
RESIDENCE	Montpelier, Ida.	RESIDENCE	Montpelier
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Montpelier
OCCUPATION	Engineer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo. F. Ashley
(Physician or midwife)

Address Montpelier, Ida.

Filed 11-20 1922 N. N. King
Registrar.

Give names added from a supplemental report.

..... 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bear Lake } ss.

Certificate No. 106103

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Smith (Name on Original Certificate) who was born (Was Born or Died) on August 28, 1922 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on August 28, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Thomas Eugene Smith

Subscribed and sworn to before me this
day of May, 1942.

Signed Clara Benz Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Montpelier, Idaho

My commission expires
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18
day of May, 1942.

Signed Harry L Smith
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Montpelier, Idaho

My commission expires Dec 15-1945
(Seal)

(Street Address, City, State)

MAY 19 1942

MAY 9 - 1942

235-110-004-632

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Montpelier

No. ..... St. Registration District No. 52 File No. 100104

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Richard LeRoy Stevens
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 10 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Walter Fredrick Stevens	FULL MAIDEN NAME	Sidonia Olsten
RESIDENCE	Montpelier, Idaho	RESIDENCE	Montpelier, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Manager Theartre Co.	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N H King MD.
Physician
(Physician or midwife)

Address Montpelier Idaho

Filed 11-15-1922 N H King
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/18/41 L. B.

245.110-004-866

PLACE OF BIRTH

RECEIVED NOV 27 1926 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 106105

County of Bear Lake

City of Bern

No. ..... St.

Registration District No. 52

Hospital ..... Primary Registration District No. 2136. Registered No. .....

FULL NAME OF CHILD Marion Russell Kunz.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		Yes.	Sept 10 '26

What bactericidal solution was used in eyes? Sol. Boric Aged.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Russell Kunz.	FULL MAIDEN NAME	Clara Hoff.
RESIDENCE	Bern Idaho.	RESIDENCE	Bern, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years) 22	White 23
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho
OCCUPATION	School Teacher	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 30 P. M. (Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) A. W. Kunz M.D.
Physician
(Physician or midwife)
Address Montpelier, Idaho.

Filed 11-15- 192 7 A. W. Kunz
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-113-004-131

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 106106

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Ross George Murphy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	Sept 13th 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Milford George Murphy	FULL MAIDEN NAME	Alta Holmes Aland
RESIDENCE	Pegram Idaho	RESIDENCE	Pegram, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wyoming	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 45 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician
(Physician ~~or midwife~~)

Address Montpelier, Idaho

Filed 11-15-1922 H H King
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

585·119 COOK-986

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

Registration District No. 52

Print Registration District No. 2136

File No. 106107

Registered No. .....

FULL NAME OF CHILD Arlow Rohmer Nye
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept (Day) 18 (Year) 1922
Boy		Yes	

What bactericidal solution was used in eyes? 5% Ceng

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	R. M. Nye	FULL MAIDEN NAME	Pauline Rhoner
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 69 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley
(Physician or midwife)

Address Montpelier Ida

Filed 11-20 1922 H H Kerry
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 27 1923
VITAL STATISTICS

STATE OF ID

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 10 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Paris

Street: Main Street

County: Bear Lake

File Number: 106107

Registration Dist. No.:

Date of Birth: Sept 18 1922

Sex of Child: Male

Father: Rollo Maughan Nye (Full Name)

Mother: Mary Pauline Rohner (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Arlow Rohner Nye
Child's Name in Full

Mrs. Rollo M. Nye
Signature of Father or Mother

149-123-004-356

PLACE OF BIRTH

NOV 2 [redacted] ARE

BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52

File No. 106108

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Philly Jungens

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sep (Day) 23 (Year) 1922
By		Yr	

What bactericidal solution was used in eyes? 5% ag

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	T. J. Jungens	FULL MAIDEN NAME	Bernice Le Duke
RESIDENCE	Pegram	RESIDENCE	Pegram
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Sunn	BIRTHPLACE	Mich
OCCUPATION	Rail Welder	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P M. on the date above stated.

(~~Born~~ alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Cuthly

(Physician ~~or midwife~~)

Address Montpelier Ida

Filed 11-20 1922 H H Kung

Registrar.

Give names added from a supplemental report.

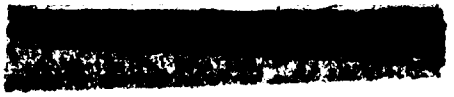
....., 192....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



154-223-004-794

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Montpelier

No. ..... St. Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 2136 Registered No. .....

CERTIFICATE OF BIRTH 106109

FULL NAME OF CHILD Arlene Doris Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	Sept 23 1922

What bactericidal solution was used in eyes? Argol 1070

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	C. G. Anderson	FULL MAIDEN NAME	Lillian Gueing
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Montpelier
OCCUPATION	RR Foreman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Geo F Ashley
(Physician or midwife)

Address Montpelier

Filed 11-20 1922 H H Kerry
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam: STATISTICS

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montpelier Idaho.

Street: Lincoln Highway

County: Bear Lake

File Number: 106109

Registration Dist. No.: 2

Date of Birth: Sept. 23 1922

Sex of Child: Female

Father: Carl G. Anderson
Full Name

Mother: Lillian Ethel Grunig
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Orlene Doris Anderson
Child's Name in Full

Lillian Ethel Anderson
Signature of Father or Mother

Amended 7-14-69

PLACE OF BIRTH

154224 004-662

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 106110

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Eva Hannah Ansell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept 24th 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William John Ansell	FULL MAIDEN NAME	Clara Maybelle Foss
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	London-England	BIRTHPLACE	Wyoming
OCCUPATION	R.R. Brakeman	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 40 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] MD
Physician
(Physician or midwife)

Address Montpelier, Idaho

Filed 11-15-1922 [signature]
Registrar.

Give names added from a supplemental report.

.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELF
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRT

NOV 27 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 23 1969
Bureau of Vital Statistics

State of IDAHO
County of BEAR LAKE } ss.

Certificate No. 106110

Date Filed 5-22-69

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Eva Ansell (Name on Original Certificate) who was born (Was Born or Died) on September 24, 1922 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by REPORT CARD & BAPTISM & CONFIRMATION (Bible Record, Insurance Policy, Etc.) prepared on 1930-31 FEBRUARY 3, 1946 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Eva Ansell	Eva Hannah Ansell

Subscribed and sworn to before me this 22 day of May, 1969

Notary Public, residing at Montpelier Ida.
My commission expires 9-1-69
(Seal)

Signed 5/22 Clara Ansell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

822 Jefferson Montpelier Idaho,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of May, 1969

Notary Public, residing at Montpelier Idaho
My commission expires 9-1-69
(Seal)

Signed Helen G Sorensen.
(Signature of Any Credible Person)

359 North 7th St. Montpelier, Idaho 83254.
(Street Address, City, State)

FORM DH 60-155

CL 1-13-69. nm

Report Card (Photocopy) from Montpelier City Schools gives the name as Eva Hannah Ansell, 3rd grade--1930-31, Lincoln school - Viewed by V.S.

JUL 14 1969

Photocopy of Certificate of Baptism and Confirmation gives the name as Eva Hannah Ansell daughter of William John Ansell and Clara Maybelle Foss who was born September 24, 1922 at Montpelier, Idaho, dated February 3, 1946 - Viewed by V.S.

643-124-004-794

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106111

County of Bear Lake

City of Montpelier

No. ..... St. Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Harold Fuller
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.		Yes	Sept 24 1922

What bactericidal solution was used in eyes? Argonol 10%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	C. N. Fuller	FULL MAIDEN NAME	Margaret Ewing
RESIDENCE	Montpelier	RESIDENCE	
COLOR	N. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	N. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	California	BIRTHPLACE	
OCCUPATION	Painter	OCCUPATION	House Life

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Geo F. Ashley
(Physician ~~or midwife~~)

Address Montpelier Idaho

Filed 11-20 1922 C N Fuller
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 6 1949

356-225-004-393

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106112

County of Bear Lake

City of Geneva

No. ..... St. Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD BARBARA LEWIS
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept 25 1922

What bactericidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	A. I. Lewis	FULL MAIDEN NAME	Irene Littlefield
RESIDENCE	Geneva Ida	RESIDENCE	Geneva Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Oxford	BIRTHPLACE	Honeyville Utah
OCCUPATION	Carpenter	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Geo F Ashley
Physician
(Physician or midwife)

Address Montpelier Idaho

Filed 11-20 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IFICAT_ OF
COMPLETED HE

FEB 9-1943

Affidavit of Birth

PERSONAL AND STATISTICAL PARTICULARS ABOUT CHILD

Full name of child Barbara Lewis

Date of birth September 25, 1922 *At* 8:00 *A. M. P. M.* *Sex* Female

Place of Birth Geneva, Idaho

PERSONAL AND STATISTICAL PARTICULARS ABOUT CHILD'S FATHER

Full name of father Arnold Isaac Lewis

Residence at child's birth Geneva, Idaho

Age at child's birth 23 *years. Color or race* White

Birthplace Oxford, Idaho

Occupaion at child's birth Carpenter

PERSONAL AND STATISTICAL PARTICULARS ABOUT CHILD'S MOTHER

Full maiden name of mother Irene Estle Littlefield

Residence at child's birth Geneva, Idaho

Age at child's birth 18 *years. Color or race* White

Birthplace Henryville, Utah

Occupation at child's birth Housewife

This is the third *child born to this mother.*

Including this child, there were then three *children of this mother living.*

STATE OF California }
County of Los Angeles } ss.

I hereby certify that I am the father *of the above mentioned child and that the facts and data as alleged are true and correct to the best of my knowledge and belief and that I am a native citizen of* THE UNITED STATES OF AMERICA

a citizen ~~through naturalization~~ of (Cross out the words that do not apply)

Arnold Isaac Lewis.

Arnold I. Lewis 1804 - 10th Street, Santa Monica, Califor

Affiant Address

SUBSCRIBED AND SWORN *to before me this* First *day of* February, *19* 43.

Blanche M. Carlson *Notary Public in and for the County of*

Los Angeles, *State of* California.

MY COMMISSION EXPIRES DECEMBER 12, 1946

796-126-004-689 child's name amended 4/15/87 tlc

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

106113

Registration District No. 52 File No. .....

Primary Registration District No. 2136. Registered No. .....

FULL NAME OF CHILD Robert James Floyd Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 26 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Eugene Clarence Brown	FULL MAIDEN NAME	Inez Whittle
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kansas.	BIRTHPLACE	Thatcher, Idaho
OCCUPATION	Loco. Engineer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 45 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N N King MD
Physician
(Physician ~~or midwife~~)

Address Montpelier, Idaho

Filed 11-13- 1922 N N King
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1 1970

3-5-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 15 10 29 AM '87

State of UTAH
County of WEBER } ss.

Certificate No. 106113
Date Filed APR 10 1987

The undersigned does solemnly swear that certain facts on the certificate of birth

for Robert James Brown (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 26, 1922 (Date of Event)

in Montpelier, Idaho (Bear Lake Co.) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Robert James Brown	James Floyd Brown

Subscribed and sworn to before me this 16 day of March, 1987

Notary Public, Barbara Hansen

Residing at Ogden Utah

My commission expires Dec 28, 1989

(Seal)

Robert James Brown
AKA James Floyd Brown
Signature of Applicant

1015 VAN BUREN AVE.
Street Address, City, State
OGDEN, UTAH 84404

JAMES FLOYD BROWN
1015 VAN BUREN AVE.
OGDEN, UTAH 84404
(Must be completed)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Exhibit "B"

Church certificate of birth dated March 12, 1987 gives name as James Floyd Brown born Sept.26, 1922 in Montpelier, Idaho. father's name as Eugene C. Brown and mother's name as Inez Whittle. entered on record on Nov. 5, 1922 viewed by tlc APR 15 1987

Honorable discharge papers from US Army gives name as James F Brown born Sept. 26, 1922 in Montpelier, Idaho. date issued July 5, 1945. viewed by tlc

219-208-004-265

PLACE OF BIRTH

AMENDED AUGUST 10, 1953

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52 File No. 106114

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Violet Bartschi
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Oct. 8, 1922

What bactericidal solution was used in eyes? 5% Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Leo Bartschi	FULL MAIDEN NAME: Enes Koeven
RESIDENCE: Nounan	RESIDENCE: Nounan
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Willard, Utah	BIRTHPLACE: Montpelier
OCCUPATION: Farming	OCCUPATION: Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

(Signature) Elmer E. Hindley

Physician (Physician or midwife)

Address Montpelier, Idaho

Filed 11-15 1922 H. H. King
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 106114
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on Oct. 4, 1931 (Give Date), are: X

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child.	Elna Bartschi	Violet Bartschi
Mother's maiden name.	Enes Kovene	Enes Koeven
Date of Birth	October 4, 1922	October 8, 1922

Subscribed and sworn to before me this 3 day of aug. 1953
Sam C. Dunks
Notary Public, residing at CLERK DISTRICT COURT
My commission expires .....
(Seal)

Signed Enes Bartschi
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Ovid Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of August, 1953
Sam C. Dunks
Notary Public, residing at CLERK DISTRICT COURT
My commission expires .....
(Seal)

Signed Leo F. Bartschi father
(Signature of Any Credible Person)
Ovid Idaho
(Street Address, City, State)

DPH 52-155

1 c. pd.

693108 004-893 Child's name amended 10-19-87 lh

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106115

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52

File No. .....

Hospital .....

Primary Registration District No. 236

Registered No. .....

FULL NAME OF CHILD Eldon Ray ~~O. Eldin Rays~~ Wilcox
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Oct 8 1922

What bactericidal solution was used in eyes? 5% argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Lavess Wilcox	FULL MAIDEN NAME	Lillian Hildt
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Pedro Fort, Ut	BIRTHPLACE	Garden City, Ut
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley
Physician
(Physician or midwife)

Address Montpelier Ida

Filed 11-15-1922 A H Krieg
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

Boise, [illegible] SEP - [illegible] 192[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City: Montpelier
Street:
County: Idaho

File Number: 106115

Registration Dist. No.:

Date of Birth: October 8 1922

Sex of Child: Male

Father: Lavess Wilcox
Full Name

Mother: Lillie May Hildt
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

O Eldin Rays
Child's Name in Full

Lavess Wilcox
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

5-20-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
SEP 17 1987
VITAL STATISTICS UNIT

State of _____ } ss.
County of _____

Certificate No. 106115
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for O. Eldin Rays Wilcox (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 8, 1922 (Date of Event)

in Montpelier, Bear Lake Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	O. Eldin Rays Wilcox	Eldon Ray Wilcox

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Eldon R Wilcox
Signature of Applicant

Mona D. Wilcox
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

(Must be completed __)
(Is not necessary XXX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of July, 1987.

Notary Public, Donna M. Fleckney
Residing at Caldwell, Idaho
My commission expires 12-20-91
(Seal)

Barbara Kegler
Supporting Signature

709 S. Kimball Caldwell Idaho 83605
Street Address, City, State

Honorable discharge paper from U.S. Navy gives name as Eldon Ray Wilcox. discharges September 8, 1952.
Viewed by V.S.

Certificate of Marriage from Commonwealth of Virginia - clerk's No. 2895 gives name of groom as Eldon Ray Wilcox age 24 born in Montpelier, ID to LaVess S. Wilcox and Lillian Hildt. Married to Mary Rebecca Jennings on Oct. 25, 1946 at Norfolk, VA.
Viewed by V.S.

168-110-004-515

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

Registration District No. 52 File No. 106116

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Oscar Johansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 10th 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Gus Johansen	FULL MAIDEN NAME	Elretta Van Orman
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Ida
COLOR	White AGE AT LAST BIRTHDAY 41 (Years)	COLOR	White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Idaho
OCCUPATION	Blacksmith	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3a M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD
Physician
(Physician or ~~midwife~~)

Address Montpelier Ida

Filed 11-15-1922 H H King
Registrar.

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

712-164-004-000 name added 1/16/81

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52

File No. 106117

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Mirl Jay Passey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Oct 14 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Melvin Passey	FULL MAIDEN NAME	Luella
RESIDENCE	Montpelier	RESIDENCE	Lanark
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Lanark	BIRTHPLACE	Lanark
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Montpelier, Ida

Filed 11-20 192 [illegible]

Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 6 1975

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE [illegible] WITH THE NAME OF CHILD

FEB 8 1944

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JAN 16 8 42 AM '81

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 106117

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Passey (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 14, 1922 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Mirl Jay Passey

Subscribed and sworn to before me this 6 day of November, 1978

Elaine Axtell

Notary Public, residing at Paris Idaho

My commission expires Lifetime

(Seal)

Signed Maomi Passey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 5/15/75

Certif of Blessing from the LDS Church gives name as Mirl Jay Passey son of Melvin Passey and Lula Daisy Smith. born Oct 14, 1922 at Lanark, Idaho Blessed Dec 3, 1922. viewed by V. S.

JAN 16 1981

Insurance policy from Beneficial Life Ins. Co. of Utah gives nme as Merl Jay Passey. #117188. dated July 2, 1931. viewed by V.S.

Signs name on letters as Mirl and check has name of Mirl on it.

818-215-004-395

PLACE OF BIRTH

NOV 27 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106118

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

Registration District No. 52

Primary Registration District No. 2136

File No. .....

Registered No. .....

FULL NAME OF CHILD Melba Hayes
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	Oct 15th 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Riley Hayes	FULL MAIDEN NAME	Denina Lindsay
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Huckley
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Montpelier Idaho

Filed 11-15-1922 H Hilling
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 18 1961

133-119-004-389

PLACE OF BIRTH

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106119

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52

File No. .....

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Allred

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	10-19-1922

What bacterieidal solution was used in eyes? Argyrol 12½ %

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Fred Allred	Mollie Thisbell
RESIDENCE	Montpelier	Montpelier
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Utah	Idaho
OCCUPATION	Barber	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L P Gardner M D
(Physician or midwife)

Address Montpelier Ida

Filed 11-15-1922 W H Keeney
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

B 31-121-PCX-942

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106120

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Max Russon Clark
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Oct 21 1922

What bactericidal solution was used in eyes? Argonal 10 70

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Elmer R. Clark	FULL MAIDEN NAME	Rose E. Russon
RESIDENCE	Montpelier	RESIDENCE	
COLOR	N. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	N. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Geo F. Ashley
(Physician or midwife)

Address Montpelier Ida

Filed 11-20 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

TE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

SEP - 9 1922

Boise, Idaho, ... JUL SEP 1-3 1922 ....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

1922 ... VITAL ... STATISTICS

Place of Birth:
- City: Montpelier
- Street: .....
- County: Bear Lake

File Number: 106120

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: October 21 1922

Father: Elmer R. Clark
Full Name

Mother: Rose Russon
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Max Russon Clark
Child's Name in Full

Mrs Elmer R. Clark
Signature of Father or Mother

JUL [illegible] 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-224-004-396

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106121

County of Bear Lake

City of Sharon

No. ..... St.

Registration District No. 52

File No. .....

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD THELMA BERNIECE SMITH
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 24 1922

What bactericidal solution was used in eyes? Argyral

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Thomas Smith	FULL MAIDEN NAME	Lucy Crossley
RESIDENCE	Sharon Idaho	RESIDENCE	Sharon Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Idaho	BIRTHPLACE	Shason Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Geo F Ashley
Physician
(Physician or midwife)

Address Montpelier Idaho

Filed 11-20 1922 N. Nelson
Registrar.

Give names added from a supplemental report.

..... 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gooding } ss.

Certificate No. 106121

Date Filed Birth Thelma Berniece Smith

The undersigned does solemnly swear that certain facts on the certificate of Thelma Berniece Smith (Birth or Death)
for Thelma Berniece Smith (Name on Original Certificate) who born (Was Born or Died) on Oct. 24-1922 (Date of Event)
in Sheron, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Jan. 1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Thelma Berniece Smith

Subscribed and sworn to before me this 3rd
day of April, 1943.
S. D. McElvaney
Notary Public, residing at Wendell, Ida.
My commission expires Jan. 2-1944
(Seal)

Signed Thomas Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) father
Wendell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Gooding } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of April, 1943.
S. D. McElvaney
Notary Public, residing at Wendell, Ida.
My commission expires Jan. 2-1944
(Seal)

Signed Mrs. Chancy Hilliard
(Signature of Any Credible Person Other Than Previous Year)
Wendell, Idaho
(Street Address, City, State)

APR 16 1943

PLACE OF BIRTH

245-124-004-245

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

NOV 2[illegible] 1922

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 106122

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Kenneth Keith Kunz
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Oct (Day) 24 (Year) 1922
Boy			

What bactericidal solution was used in eyes? Argoval 10%.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Alvin N. Kunz	FULL MAIDEN NAME	Amy M. Kunz
RESIDENCE	Nardbone	RESIDENCE	Bern Ida
COLOR	N. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Bern	BIRTHPLACE	Bern Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at [illegible] M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo. F. Ashley
Physician
(Physician or midwife)

Address Montpelier Idaho

Filed 11 20 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-6-41

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bear Lake }

Certificate No. 106122
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Kenneth Keith Kunz (Name on original certificate) who was born (Was born or died) on 10/24/22 (Date of event)
in Bern, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by L.D.S. Church records (Bible record, insurance policy, etc.) prepared on 12/3/41 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Kunz	Kenneth Keith Kunz

Subscribed and sworn to before me this 6
day of Oct, 1941
Ben Acord
Notary Public, residing at Montpelier Idaho
My commission expires Jan 26 1942
[SEAL]

Signed Amy M Kunz Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Bern, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This affidavit MUST also be executed.
(See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6
day of Oct, 1941
Ben Acord
Notary Public, residing at Montpelier Idaho
My commission expires Jan 26-1942
[SEAL]

Signed Alvin M Kunz Father
(Signature of any credible person other than the previous affiant.)
Bern, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

168-222004-396

PLACE OF BIRTH AMENDED MAY 10, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Nounan

No. ____ St.

Registration District No. 52 File No. 106123

Hospital ____ Primary Registration District No. 2136 Registered No. ____

FULL NAME OF CHILD Edna Hope Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	October 22, 1922

What bacteriacidal solution was used in eyes? 5% Arg.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Edgar E. Johnson	FULL MAIDEN NAME: Lucy Crossly
RESIDENCE: Ovid	RESIDENCE: Ovid
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Farmer	BIRTHPLACE: Nounan
OCCUPATION:	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

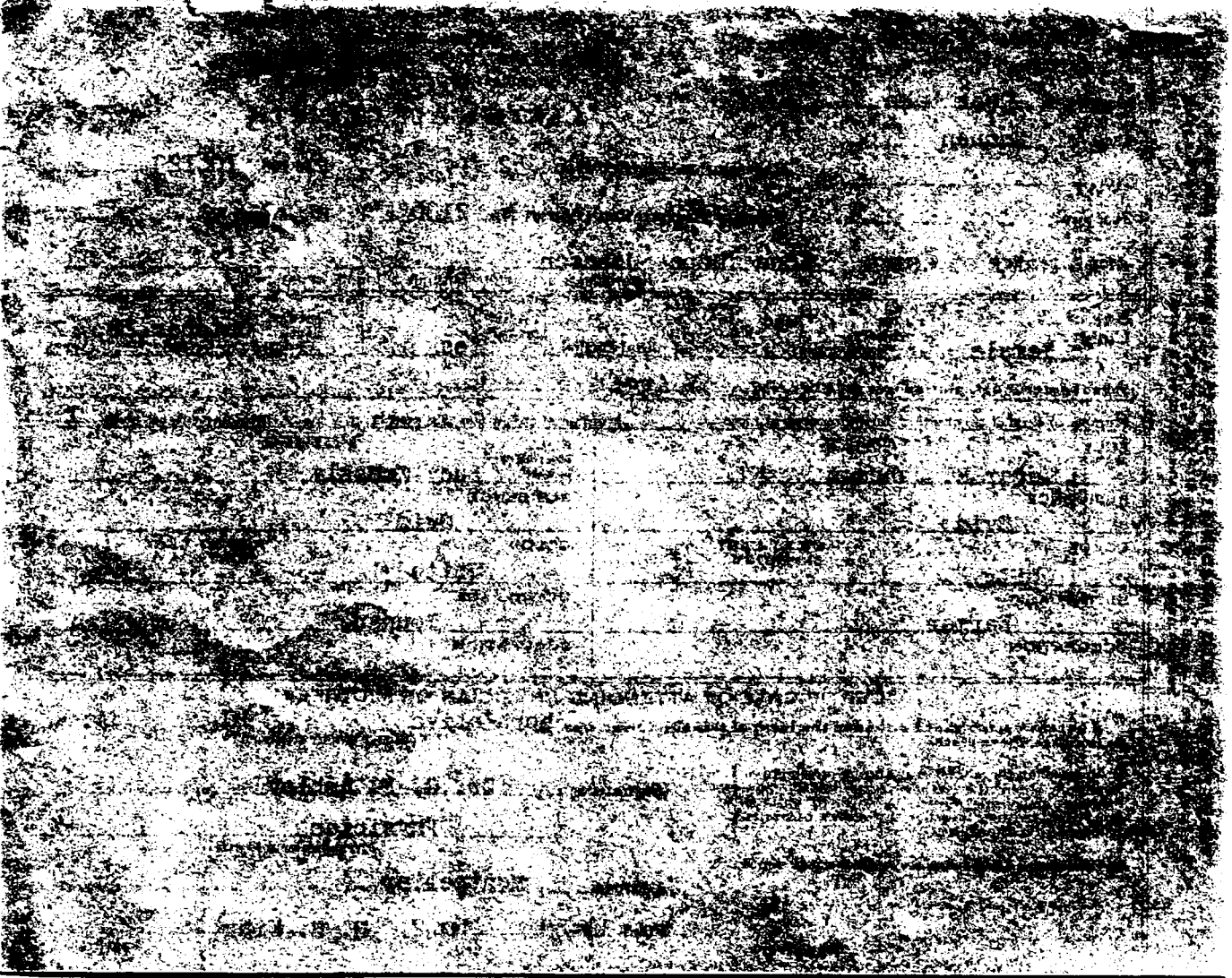
(Signature) Dr. G. F. Ashley

Physician
(Physician or midwife)

Address Montpelier

Filed 11-20 192 2 H. H. King
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
MAY 1 0 [illegible]
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Caribou

Certificate No. 106123
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Edna Hope Johnson (Name on Original Certificate) who was born (Was Born or Died) on October 22, 1922 (Date of Event)
in Nounan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex	Boy	Female

Subscribed and sworn to before me this 6th day of May 1954

[illegible]
Notary Public, residing at Soda Springs, Idaho
My commission expires 8-10-57
(Seal)

Signed Lucy Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Soda Springs, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of May, 1954

Notary Public, residing at Soda Springs, Idaho
My commission expires 8-10-57
(Seal)

Signed Janiece H. Hildreth
(Signature of Any Credible Person)

Soda Springs, Idaho
(Street Address, City, State)

DPH 52-155

263-126-004-314

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St. Registration District No. 52 File No. 106124

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Oct. 26 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Leroy J. Bott	FULL MAIDEN NAME	Virginia Lamb
RESIDENCE	Montpelier Ida.	RESIDENCE	Montpelier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Brigham City Utah	BIRTHPLACE	St. George Utah
OCCUPATION		OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo F. Ashley
Physician
(Physician or midwife)

Address Montpelier Idaho

Filed 11-20 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553.228.004.271

PLACE OF BIRTH

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Temple

No. ..... St.

Registration District No. 52

File No. 106125

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Eva		Yes	10-28 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	C M Nelson	FULL MAIDEN NAME	E M Yacks
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	New York	BIRTHPLACE	Temple Ida
OCCUPATION	Salesman	OCCUPATION	Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Born (Born alive or stillborn) 11 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest Ashley

(Physician or midwife)

Address Montpelier Ida

Filed 11-20 1922 H H Kling

Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO

'ENT OF PUBLIC WELFARE

JUL 1

.....1.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number ~~102000~~ 106125

Registration Dist. No. .....

Sex of Child. Female ~~Female~~

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

366202.004-753

PLACE OF BIRTH

County of Bear Lake

City of Dingle

No.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED NOV 2 1922 BUREAU OF VITAL STATISTICS

Registration District No. 52 File No. 106126

Primary Registration District No. 2136 Registered No.

FULL NAME OF CHILD Marian Hortense Cook
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov 2nd 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Woodruff Cook	FULL MAIDEN NAME	Hannah Catherine Petersen
RESIDENCE	Dingle Idaho	RESIDENCE	Dingle, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Dingle Idaho	BIRTHPLACE	Rock Springs - Wyo.
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD.
Physician
(Physician or midwife)

Address Montpelier Idaho

Filed 11-15 1922 H H King
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5

951-104-004-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bear

No. ..... St. ..... District No. 52 File No. 106127

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Mary Ida Ream
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
		Yes	Nov 4 1922

What bactericidal solution was used in eyes? 1% Ag

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	W. W. Ream	FULL MAIDEN NAME	Mary E Serren
RESIDENCE	Single	RESIDENCE	Single
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Single	BIRTHPLACE	Single
OCCUPATION	Teacher	OCCUPATION	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Montpelier Ida

Filed 11-20 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF

RECEIVED
JAN 21 1923
BUREAU OF VITAL STATISTICS

[illegible], Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Bern
Street: .....
County: Bear Lake

File Number: ~~[illegible]~~ 106127

Registration Dist. No. .....

Sex of Child: ~~Male~~ fe Male

Date of Birth: Nov 4 1922

Father: William Wesley
Full Name

Mother: Mary Cooper Sivrine
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Mary Ida Ream
Child's Name in Full

Mary S Ream
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

154-205-004-243

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Border

No. ..... St. ..... Registration District No. 52 File No. 106128

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Elaine Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl.		yes	Nov 5 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Harold T. Anderson	FULL MAIDEN NAME	Sarah Buck
RESIDENCE	Border Wyo	RESIDENCE	Border Wyo
COLOR	white AGE AT LAST BIRTHDAY 39 (Years)	COLOR	White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo. Ashley
Physician
(Physician or midwife)

Address Montpelier Idaho

Filed Nov 15 1922 H H Kerry
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT

RECEIVED FEB 9 1923 BUREAU OF VITAL STATISTICS

JUN 1 1922

Boise, Idaho, ... 192...

Dear Sir:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Border Wyo. Street ..... County Lincoln

File Number 106128 ~~[illegible]~~

Registration Dist. No. .....

Sex of Child ~~Male~~ Female Girl

Date of Birth Oct. 6 1922

Father Harold Tennyson Anderson (Full Name) Mother Sarah Buhler (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ealine Anderson
Child's Name in Full

Sarah Anderson
Signature of Father or Mother

OVER

MAY 4 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

697-205-004-295

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

52 106129

County of Bear Lake STATE

City of Sharon

No. ____ St.

Registration District No. ____ File No. ____

Hospital ____ Primary Registration District No. 2136 Registered No. ____

FULL NAME OF CHILD ____
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov 5 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lew M. Wixom	FULL MAIDEN NAME	Pearl Krug
RESIDENCE	Sharon Idaho	RESIDENCE	Sharon Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Sharon Idaho	BIRTHPLACE	Sharon Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** ____ **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

____, 19____

____
Registrar.

(Signature) Dr. Geo F. Ashley
Physician
(Physician or midwife)

Address Montpelier Idaho

Filed 11-20 1922 W. H. Krug
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-912-105-004-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of [illegible]

No. ..... St.

Registration District No. 52 File No. 106130

Hospital ..... Primary Registration District No. 2136 Registered No. .....

Amended 3/8/78

FULL NAME OF CHILD Robert Dean Rasmussen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov. 5 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James Rasmusson	FULL MAIDEN NAME	May E. Barkdall
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Montpelier Idaho	BIRTHPLACE	Montpelier Idaho
OCCUPATION		OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo F. Ashley
Physician
(Physician or midwife)

Address Montpelier Idaho

Filed 11-20 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bear Lake } ss.

JUN 22 2 56 PM '77

Certificate No. 106130

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Rasmussen (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov 5, 1922 (Date of Event)
in Montpelier, Idaho (Bear Lake) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Rasmussen	Robert Dean Rasmussen

Subscribed and sworn to before me this 3rd day of March, 19 77

Notary Public, residing at Montpelier, Idaho

My commission expires September

(Seal)

Signed X O'Neal Rasmussen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 1977

Notary Public, residing at Montpelier, Idaho

My commission expires September

(Seal)

Signed Marion G. Rasmussen
(Signature of Any Credible Person)

460 N 9th Montpelier Idaho 83254
(Street Address, City, State)

FORM DH 60-155

CL 2/2/77

Membership record from the LDS Church gives name as Robert Dean Rasmussen born Nov 5 1922 in Montpelier, Idaho. father;s name as James Rasmussen and mother's name as Mary Emma Barkdull. Baptized Dec 10 1933. viewed vy VS

MAR 8 1978

Child's birth certificate issued by State of Idaho 11/5/54 lists the Father as Robert Dean Rasmussen. viewed by V.S.

263-208-004-135

PLACE OF BIRTH

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106131

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 50

File No. .....

Hospital .....

Primary Registration District No. 213C

Registered No. .....

FULL NAME OF CHILD Bolmer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	11-8-1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ray Bolmer	FULL MAIDEN NAME	Pearl Alexander
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ida	BIRTHPLACE	Kansas
OCCUPATION	Dist. Manager of Utah Power Co	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. Gaertner

M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Montpelier Ida

Filed 11-15-1922 H H King Registrar.

Baby lived but one hour.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-108-004-844

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Dingle

No. ..... St.

Registration District No. 52 File No. 106132

Hospital ..... Primary Registration District No. 2136 Registered No. .....

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Harold Glenn Lindsay
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	11-8-1922

What bactericidal solution was used in eyes? 5 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	W. H. Lindsay	FULL MAIDEN NAME	Mary Humphreys
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Dingle	BIRTHPLACE	Dingle
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 29 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F. Cuddy
Physician
(Physician or midwife)

Address Montpelier Ida

Filed 11-20 1922 H H Kerr
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
FOR EACH CHILD AND THE SAME COMPLETED WITH THE

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Dingle
- Street: .....
- County: Bear Lake

File Number: ~~[illegible]~~ 106132

Registration Dist. No. .....

Sex of Child: ~~Female~~ Male

Date of Birth: Nov. 8 1922

Father: William Henry Lindsay Jr. (Full Name)

Mother: Phoebe May Humphreys (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Harold Glenn Lindsay
Child's Name in Full

Mrs May H. Lindsay
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

819-209-004-551

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106133

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52 File No. .....

Hospital .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Nancy Lee Hart
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	11-9-1922

What bactericidal solution was used in eyes? Argyrol 12½ %

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Willard Hart	FULL MAIDEN NAME	Merlin Evans
RESIDENCE	Raymond	RESIDENCE	Raymond
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. Gaertner
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

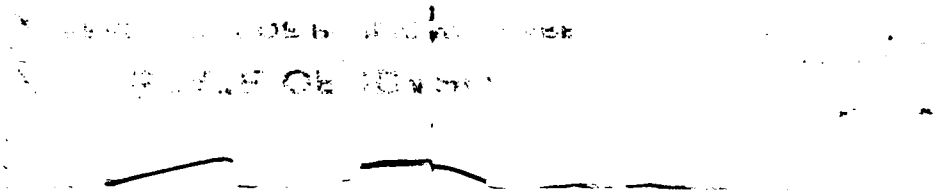
.....
Registrar.

Address Montpelier

Filed 11-15 1922 H. H. Berg
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JAN 19 1923
BUREAU OF VITAL STATISTICS

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montpelier

Street: .....

County: Bear Lake

File Number: 106133

Registration Dist. No. .....

Date of Birth: November 9th 1922.

Sex of Child: Female

Father: Willard Edward Hart (Full Name)

Mother: Merlyn Evans (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Nancy Lee Hart
Child's Name in Full

Willard E. Hart
Signature of Father or Mother

APR 3 1946

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

819-110-004

PLACE OF BI[redacted]HO
[redacted]LIC WELFARE
[redacted]STATISTICS
[redacted]OF BIRTH

County of Be[redacted]

City of Pa[redacted]

No. [redacted] St. File No. 106134

Hospital Primary Registration District No. 2136 Registered No.

FULL NAME OF CHILD Keith Arlo Hartley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	11-10-1922

What bactericidal solution was used in eyes? 5% Arg.

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	R.B. Hartley	FULL MAIDEN NAME	Edith Hegley
RESIDENCE	Monopolis	RESIDENCE	Monopolis
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Rockland	BIRTHPLACE	Eight
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1830 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician
(Physician or midwife)

Address Monopolis Ill.

Filed 11-20 1922 H H King
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5 1942

818-111-004-229

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52

File No. 106135

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Hayes
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	11 11 1922

What bactericidal solution was used in eyes? 10 % Argyrol

Number of child of this mother, including present birth 3rd Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Delbert Hayes	FULL MAIDEN NAME	Vera Skinner
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 a.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. Gaertner M.D.
(Physician or midwife)

Address Montpelier Idaho

Filed 11-15 1922 H H Heug
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

747-114-004-299

PLACE OF BIRTH

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106136

County of Bear Lake

City of Montpelier

No. ..... St. Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	11 - 14 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	R. S. Pugmire	FULL MAIDEN NAME	E. R. Budge
RESIDENCE	Montpelier 28	RESIDENCE	Montpelier
COLOR	W AGE AT LAST BIRTHDAY ..... (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	Temple
OCCUPATION	Labor	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 49 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

Physician
(Physician or ~~midwife~~)

Address Montpelier Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 11-20 1922 H H King
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOU
DE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NA

- - - - - - - - - - -

Z PUGMIRE

dup cz 1922-153306

253-116.004-413

PLACE OF BIRTH

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52

File No. 106137

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD MERRILL D. Kelsey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	11-16 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Seth Kelsey	FULL MAIDEN NAME	Amy Dalrymple
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Pda	BIRTHPLACE	Pda
OCCUPATION	Teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Gaertner

M.D.
(Physician or midwife)

Address Montpelier Ida

Filed 11-16-1922 H. H. King
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 106137
County of Bear Lake } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Unnamed Kelsey (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 16, 1922 (DATE OF EVENT) in Montpelier, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on shortly after birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Kelsey	Merrill D. Kelsey

Subscribed and sworn to before me this 25 day of Feb., 1942.

Albert E. Leeright
Notary Public, residing at Montpelier, Ida.
My commission expires March 9, 1945
(SEAL)

X Signed Amy D. Kelsey, Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of Feb., 1942.

Albert E. Leeright
Notary Public, residing at Montpelier, Idaho.
My commission expires March 9, 1945
(SEAL)

X Signed L. P. Gaeltner M.D.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Attendant
(STREET ADDRESS, CITY, STATE)
Montpelier, Idaho

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 22 1948

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 299-118-008-855

County of Bear Lake

City of Bingle

NOV 27 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106138

No. ..... St. Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 213C Registered No. .....

FULL NAME OF CHILD Merline Bird
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Eve		Yes	11-18-1922

What bactericidal solution was used in eyes? 5% Ag

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	R J Bird	FULL MAIDEN NAME	Tally Hansen
RESIDENCE	Bingle	RESIDENCE	Bingle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Bingle	BIRTHPLACE	Mansfield
OCCUPATION	Farmy	OCCUPATION	Nize

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley
Physician
(Physician or midwife)

Address Montpelier Ida

Filed 11-20 1922 H H King
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED MAY 21 1923 BUREAU OF VITAL STATISTICS

Boise, Idaho, NOV 1 1 1923 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Dingle
- Street: Idaho
- County: Bear Lake

File Number: ~~9486~~ 106138

Registration Dist. No. .....

Sex of Child: ~~Male~~ Female

Date of Birth: Nov 18 1923

Father: Roy J. Bird
Full Name

Mother: Natalia Hansen
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Merline Bird
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

JAN 9 1970

249-118-004-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 27 1922 BUREAU OF VITAL

CERTIFICATE OF BIRTH

106139

County of Bear Lake

City of Geo Town

No. ..... St.

Registration District No. 52

File No. .....

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Thiel William Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	11-18-1922

What bactericidal solution was used in eyes? 5% Ag

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	G. M. Smith	FULL MAIDEN NAME	P. E. Baird
RESIDENCE	Geo Town	RESIDENCE	Geo Town
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Bennington	BIRTHPLACE	Hinckley
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley
Physician
(Physician or midwife)

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

Address Montpelier Ida

Filed 11-20 1922 by N. Hilling Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 23 1957
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Weber } ss.

Certificate No. 106 139

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (blank) (Name on Original Certificate) who was born (Was Born or Died) on 11-16-22 (Date of Event)
in Georgetown, Bear Lake Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on April 26, 1931 (Give Date) Viewed by V.S., are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	(blank)	Thiel William Smith

Subscribed and sworn to before me this 25 day of May, 1957

Notary Public, residing at Ogden, Utah
My commission expires May 3, 1961
(Seal)

Signed Verda S. James
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Clearfield, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Weber } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of May, 1957

Notary Public, residing at Ogden, Utah
My commission expires May 3, 1961
(Seal)

Signed Nina S. Hansen
(Signature of Any Credible Person)

745 Polk Ave Ogden Utah
(Street Address, City, State)

FORM DPH 55. 155

285-229-004-955

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

County of Bear Lake
City of Paris
No. ..... St.
Hospital .....

CERTIFICATE OF BIRTH 106140

Registration District No. 53 File No. 116
Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lucile Shepherd
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	X		X	Yes	Aug. 29 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10% Argyrol Solution

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Alfred Wm. Shepherd	FULL MAIDEN NAME	Emma Innes
RESIDENCE	Idaho	RESIDENCE	Paris, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Paris, Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 50 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Dutton
M.D.
(Physician or midwife)

Address Paris Ida

Filed 10-23 1922 Mrs. J. S. Skinner
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WHITE PLAINLY WITH ONE CHILD AT BIRTH A SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE DEPARTMENT

.TE OF ID

DEP. ...ENT OF PUBLIC WE

Boise, Idaho, ... 192...

baby was not filled in on the birth certificate sent to this office. It is of vital import-
me included in the record. Kindly fill in the information requested in the blank below
your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Paris

File Number ~~97468~~ 106140

Registration Dist. No. .....

ear Lake Co.

Date of Birth August 29 1922

~~Male~~ Female

iam Shepherd
Full Name

Mother Emma Isabel Innes
Full Maiden Name

t the child described herein has been named:

Lucile Shepherd
Child's Name in Full

Emma Shepherd
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

819-206-004-713

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106141

County of Bear Lake

City of Bloomington

No. ..... St.

Registration District No. 53 File No. 118

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lillian Hart
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov 6 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME Alfred A Hart	FULL MAIDEN NAME Sarah C. Patterson
RESIDENCE Bloomington Idaho	RESIDENCE Bloomington Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 51 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10.40 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Moore M. D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Nov 8 1922 Mrs J. S. Skinner Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RNISHI'C THE NAME OF Y

Boise, Idaho, FEB 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bloomington

Street:

County: Bear Lake

File Number: ~~97679~~ 106141

Registration Dist. No.:

Date of Birth: November 4 1922

Sex of Child: ~~Male~~ Female

Father: Alfred Augustus Hart (Full Name)

Mother: Sarah E. Patterson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lillian Hart
Child's Name in Full

Sarah Hart
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the

613-123.004-356

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 18 1922 BUREAU OF VITAL

CERTIFICATE OF BIRTH 106142

County of Bear Lake

City of Paris

No. ..... St. Registration District No. 53 File No. 120

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Russell William Wallentine
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 23 1922

What bactericidal solution was used in eyes? 10% - Argyrol

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	William LeRoy Wallentine	FULL MAIDEN NAME	Bertha Ann Lewis
RESIDENCE	Paris Idaho	RESIDENCE	Paris Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C.O. Moore M.D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Nov 7 1922 Mrs J. L. Skinner Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

L.D.S. Cert. of Baptism & Confirmation, June 5, 1932 gives full name of child as Russell William Wallentine - viewed by V.S.&L.D.S. Cert. of Ordination to the Holy Priethood of a Deacon, Dec. 18, 1938 gives full name as Russell William Wallentine - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Bear Lake }

Certificate No. 10614-2

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Wallentine (Name on Original Certificate) who born (Was Born or Died) on Oct. 23, 1922 (Date of Event) in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by church records (Bible Record, Insurance Policy, Etc.) prepared on 9/21/59 and 12/18/58 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Russell William Wallentine

Subscribed and sworn to before me this 25th day of September, 19 59.

John B. Hoge

Notary Public, residing at Paris, Idaho
My commission expires 25 June 1962
(Seal)

Signed [signature] (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Paris, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of September, 19 59.

John B. Hoge

Notary Public, residing at Paris, Idaho
My commission expires 25 June 1962
(Seal)

Signed [signature] (Father)
(Signature of Any Credible Person)
Paris, Idaho
(Street Address, City, State)

FORM DPH 55.155

CL 9-2-59. one copy pd. receipt #13275.

SEP 29 1959

684-231-2049-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106143

County of Bear Lake
City of Liberty
No. ..... St.
Registration District No. 53 File No. 119
Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Hope Hymas
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Oct 31 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Melvin Morris Hymas	Silvia Elbertha Petersen
RESIDENCE	Liberty Idaho	Liberty, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Moore M. D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Nov 8 1922 Mrs. J. S. Skinner Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 106143

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on Oct. 31, 1922 (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Hope Hymas

Subscribed and sworn to before me this 9th day of June, 1942

Notary Public, residing at Boise, Ida.

My commission expires Aug 6 - 1944

(Seal)

Signed Mrs Silvia Hymas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 3 1944

1942 6 NOV

313-218-004-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

106144

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Registration District No. 53 File No. 114

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mary Ruth Latham
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	X		X	yes	8-11-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10 % solution of argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Jess Latham	FULL MAIDEN NAME	Martha Stocker
RESIDENCE	Paris, Idaho.	RESIDENCE	Paris, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	George Town	BIRTHPLACE	Paris, Ida.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12:00 M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Dutton
M.D.
(Physician or midwife)

Address Magna Utah

Filed 10-23 1922 Mrs. J. S. Skinner
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

... one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7/2-28/.004-612

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106145

County of Bear Lake

City of Paris

No. ..... St.

Registration District No. 53 File No. 121

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Fay Passey
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	and		Yes	Nov 1 1922

What bacteriolidal solution was used in eyes? Argyrol - 10 %

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ezra T. Passey	Irettia Mary Oakey
RESIDENCE	Paris Idaho	Paris Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	30
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Laborer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. O. Moore M. D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Nov 8 1922 Mrs. J. L. Skinner Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF HEALTH AND WELFARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JAN 7 1925 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Paris

Street:

County: Bear Lake

File Number: ~~97016~~ 106145

Registration Dist. No.:

Sex of Child: ~~Female~~ Female

Date of Birth: 192...

Father: Ezra T. Passey (Full Name)

Mother: Mary Luetta Oakey (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Fay Passey (Child's Name in Full)

Ezra T. Passey (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

145-133-004-843

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106146

County of Bear Lake

City of Bloomington

No. ..... St.

Registration District No. 53 File No. 117

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Jefferson Hulme Dunford
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Oct 23 1922

What bactericidal solution was used in eyes? Argyrol - 10 %

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Thomas Jefferson Dunford	FULL MAIDEN NAME Ruth Dora Hulme
RESIDENCE Bloomington Idaho	RESIDENCE Bloomington Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 8 30 A. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Moore M. D.

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Nov 8 1922 Mrs. J. S. Skinner
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 106146

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Dunford (Name on Original Certificate) who was born (Was Born or Died) on October 23, 1922 (Date of Event)

in Bloomington (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Jefferson Hulme Dunford
		?

Subscribed and sworn to before me this 28th day of March, 19[illegible]

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-38

(Seal)

Signed Heber J. Dunford.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Box 274 Blaamington, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Family Record gives name as Jefferson Hulme Dunford born October 23, 1922 in Bloomington, Idaho, Record issued early in life.
Viewed by V.S.

Marriage license issued by the Bannock County Recorder gives name as Jefferson Hulme Dunford married to Vera Marie Holyoak on May 14, 1948.
State File # 48-8450.
Viewed by V.S.

285-106-004-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106147

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Registration District No. 53 File No. 113

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Morris Hexter Shepherd
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
male	X		X	Yes	8	6	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10% solution of argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Edwin H. Shepherd	FULL MAIDEN NAME	Elvina Peterson
RESIDENCE	Paris, Idaho	RESIDENCE	Paris, Ida.
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Paris, Ida.	BIRTHPLACE	Ovid, Idaho.
OCCUPATION	Cheese Maker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Dutton
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Magna Utah

Filed 10-23 1922 Mrs. J. S. Skinner
Registrar.

... of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-111-024-618

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 13 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106148

County of Bear Lake

City of Bloomington

No. ..... St. Registration District No. 53 File No. 115

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Melvin John Hulme
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
male	X		X	Yes	8	11	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10 % solution of argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

	FATHER		MOTHER
FULL NAME	John Hulme	FULL MAIDEN NAME	Laverna Taylor
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Bloomington, Ida.	BIRTHPLACE	Bloomington, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 45* A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton
M.D.
(Physician or midwife)

Address Magna Utah

Filed 10-23 1922 Mrs. J. S. Skinner
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

... more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 1968

MAR 30 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

164 [redacted]-345

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106149

County of Benewah

City of St. Maries

No. Peterson Addn Registration District No. 32 File No.

Hospital Primary Registration District No. 2049 Registered No. 80

FULL NAME OF CHILD Roy Leonard Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Oct 1st 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	O. Emil Anderson	FULL MAIDEN NAME	Amanda Lundberg
RESIDENCE	St. Maries, Ida	RESIDENCE	St. Maries Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Lumber piler	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Robins
Physician

Address St Maries Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 11/8 1922 Registrar.

FEB 3 1942

MAY 5 1942

[redacted]

356-202-005-259

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106150

County of Benewah

City of St Marys Ida

No. ..... St. Registration District No. 32 File No. .....

Hospital Maxine Primary Registration District No. 2049 Registered No. 81

FULL NAME OF CHILD Virginia Lewis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
4	—		1	yes	10	2	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Protargol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wesley Lewis	FULL MAIDEN NAME	Cara Keifer
RESIDENCE	Clarkia Ida	RESIDENCE	Clarkia Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	15
BIRTHPLACE	Wisconsin	BIRTHPLACE	Payette Ida
OCCUPATION	Sawmill worker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

Physician
(Physician or midwife)

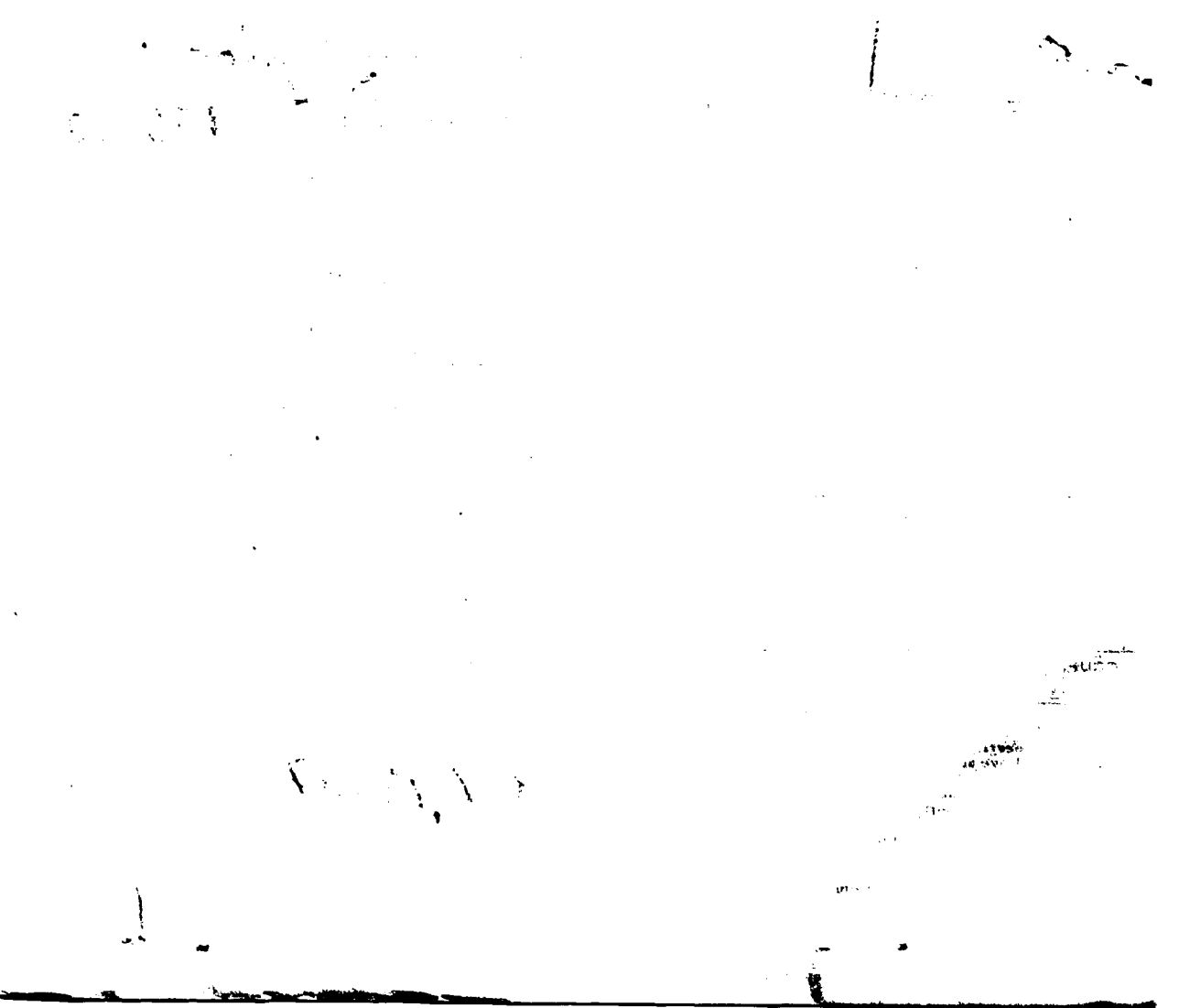
Address St Marys Idaho

Filed 11/8 1922 Dinesager
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane

Certificate No. 106150

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Irene Virginia Lewis (Name on Original Certificate) who was born (Was Born or Died) on October 2 1938 (Date of Event)
in St. Maries, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by affidavit of Wesley Earl Lewis prepared on ---- father of Maxine Virginia Lewis, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Irene Virginia Lewis	Maxine Virginia Lewis

Subscribed and sworn to before me this 2nd
day of May, 19 42

Notary Public, residing at Spokane, Wash.
My commission expires Aug. 26-1945
(Seal)

Signed Wesley Earl Lewis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.5 Spokane, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of May, 19 42

Notary Public, residing at Spokane, Washington
My commission expires Aug. 26-1945
(Seal)

Signed Mrs Carrie Lewis.
(Signature of Any Credible Person Other Than Previous Year)

R5 Spokane, Washington.
(Street Address, City, State)

MAY 8 1942

MAY 1 1 1942

555-202-005-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St.

Hospital .....

Registration District No. 32

File No. 106151

Primary Registration District No. 2049

Registered No. 82

FULL NAME OF CHILD Doris Jean Evers
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Oct 2nd 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Otto Henry Evers	FULL MAIDEN NAME	Francis Ellen Long
RESIDENCE	St. Maries, Idaho	RESIDENCE	St. Maries, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Minnesota	BIRTHPLACE	Valleyford, Wn
OCCUPATION	Sawmill hand	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Cornalive, at 5 45 P M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Robins

Physician
(Physician ~~or midwife~~)

Address St Maries - Idaho

Filed 11 8 1922 D Mungen
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 6 1970

366-105-005-434

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED NOV 1 ... BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

Registration District No. 32 File No. 106152

No. 1st St.

Primary Registration District No. 2049 Registered No. 83

Hospital

FULL NAME OF CHILD Mack Henry Lowe

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	yes.	Oct. 5 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ottis A. Lowe	FULL MAIDEN NAME	Virginia Mozelle McMonaway
RESIDENCE	St Maries	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	N C.	BIRTHPLACE	N. C.
OCCUPATION	Clerk.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Kinsolving
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address St. Maries - Idaho

Registrar

Filed 11-8 1922 Osminger
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1943

369-206.005-762

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Benewah.

City of St. Maries.

No. 504 - 3rd St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 106153

Primary Registration District No. 2049 Registered No. 84

FULL NAME OF CHILD Yvonne Evelyn Carufel

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	August 6 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur O. Carufel	FULL MAIDEN NAME	Doris A. Goskill.
RESIDENCE	St Maries	RESIDENCE	Idaho St. Maries
COLOR	White. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	N. D.	BIRTHPLACE	Idaho. (St. Maries)
OCCUPATION	Laborer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1.40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Kinsolving M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address St Maries. Idaho.

Filed 11/8 1922 C. Meagher
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 22-211166

266-210-005-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106154

County of Benewah

City of Somarus

No. ..... St.

Registration District No. 32 File No. .....

Hospital ..... Primary Registration District No. 2049 Registered No. 85

FULL NAME OF CHILD Beverly Jean Sowell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
7	1		1	Yes	10 – 10 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Protargol sol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Hugh A. Sowell	FULL MAIDEN NAME	Pearle Marie Bellmer
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Texas	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

Physician
(Physician or midwife)

Address Somarus Idaho

Filed 11 8 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

MAY 12 1969

793-212-005-235

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106155

County of Benewah

City of St. Maries

Registration District No. 32 File No.

No. Pale Yard St.

Primary Registration District No. 2049 Registered No. 56

Hospital

FULL NAME OF CHILD Naomi Jonette Gillard

Sex of Child Female | Twin Triplet or other? \ and Number in order of birth \ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct. (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Marion D. Gillard	FULL MAIDEN NAME	Rozetta Steward
RESIDENCE	St. Maries	RESIDENCE	St Maries Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	64	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Wis.	BIRTHPLACE	Virginia
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address St Maries Idaho

Filed 11/8 1922 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-120-005-859

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Marie

No. ..... St.

Registration District No. 32 File No. 106157

Hospital ..... Primary Registration District No. 2049 Registered No. 88

FULL NAME OF CHILD Bellen, O. Connors
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		2	Yes	10 20 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Prolargol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Mike Connors	FULL MAIDEN NAME	Mercedes Herrington
RESIDENCE	St Marie's Ida	RESIDENCE	St Marie's Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Woodman	OCCUPATION	Hse wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Plall

Physician
(Physician or midwife)

Give names added from a supplemental report.

Address St Marie's Idaho

....., 192....

Filed 11 8 1922 [signature]
Registrar.

Registrar.

EX-SCI

n certified . pies of certificates of birth,
he certificates be filed with the BUREAU OF VITA
same completed by furnishing the name of the chil

PLEASE AS ... BY ... UR

No copy for this

BUREAU OF VITAL STATISTICS.

Place of Birth
City St Maries
Street 1919 Main
County Benewah

File Number ~~97060~~ 106157

Registration Dist. No.

Sex of Child ~~Female~~ Male

Date of Birth Oct 20th 1922

Father Mike Connors
Full Name

Mother Mercedes Evelyn Herrington
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Bellen Odale Connors
Child's Name in Full

Mrs. Mike Connors
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.

285-123-005 259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 16 1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106158

County of Benewah
City of St Maries
No. _____ St.
Registration District No. 32
File No. _____
Hospital St. Maries
Primary Registration District No. 2049
Registered No. 89

FULL NAME OF CHILD Donald David Shefler
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		Yes	Oct 23 1922

What bactericidal solution was used in eyes? Argyrol - 10%.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Irvin Francis Shefler	FULL MAIDEN NAME	Devena M. Kerr
RESIDENCE	St. Maries, Ida	RESIDENCE	St. Maries, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Rhinelander Wis	BIRTHPLACE	Spokane, Wn
OCCUPATION	Bank Cashier	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 25 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) C A Robins
Physician
(Physician or midwife)
Address St Maries Ida

Filed 11/8 192 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 20, 1941. E.W.

445-225-005 963

PLACE OF BIRTH

NOV 16 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St.

Registration District No. .....

File No. 106159

Hospital St. Maries

Primary Registration District No. .....

Registered No. 90

FULL NAME OF CHILD Laura Ellen Dunson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	\		\	Yes	Oct 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol - 10 %

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Louis Bailey Dunson	FULL MAIDEN NAME	Katharine Mary Roland
RESIDENCE	St. Maries, Ida	RESIDENCE	St. Maries, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Michigan -	BIRTHPLACE	Wisconsin
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Robins

Physician
(Physician ~~or midwife~~)

Address St Maries Idaho

Filed 11/8 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-231-005-386

PLACE OF BIRTH

NOV 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St.

Registration District No. 32

File No. 106160

Hospital St. Maries

Primary Registration District No. 2049

Registered No. 91

FULL NAME OF CHILD Donamarie Grannis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female	1		1	yes	Oct	31	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Lee Franklin Grannis	FULL MAIDEN NAME	Mabel Cecelia Thompson
RESIDENCE	St. Maries Ida.	RESIDENCE	St Maries Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Deary Ida
OCCUPATION	Baker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at no M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D E Cornwall.

Physician
(Physician or midwife)

Address St Maries Idaho

Filed 11/8 1922 D Meager
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

K

... child at birth a SEPARATE RETURN must be ... and the number of each, in order of birth stated.

SEP 2 1952

DECEASED

418-103-005 -769

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106161

County of Benewah

City of Saunders Registration District No. 31 File No.

No. Hospital Primary Registration District No. Registered No. 31

FULL NAME OF CHILD James Archie May
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	Oct 3 1922

What bacteriolidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

FATHER	MOTHER
FULL NAME Archie May	FULL MAIDEN NAME Alberta Greer
RESIDENCE Saunders	RESIDENCE Saunders
COLOR White AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Garfield Wash.	BIRTHPLACE Garfield, Wash.
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred L. Barteau M. D.
(Physician or midwife)

Address Desmet, Idaho

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Filed Nov 8 1922 Y. L. Bilan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1942

SEP 19 1944

255-125-005-368

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106162

County of Benewah

City of Tensed

RECEIVED DEC 6 1922 BUREAU OF VITAL STATISTICS

No. ..... Registration District No. 31 File No. 2

Hospital ..... Primary Registration District No. ..... Registered No. 32

FULL NAME OF CHILD John Clinton Bennett
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Oct 25 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	John Clinton Bennett	FULL MAIDEN NAME	Minnie Cohlin
RESIDENCE	Tensed, Idaho	RESIDENCE	Tensed, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	59	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ohio	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1.15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. Barteau

M. D.
(Physician or midwife)

Address Desmet, Idaho

Filed Nov. 10 1922 Y. Le Bihan
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 0 1942

613-210-005-412

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106163

County of Benewah

City of Desmet

No. ..... St.

Registration District No. 31 File No. 2

Hospital ..... Primary Registration District No. ..... Registered No. 33

FULL NAME OF CHILD Angelina Falcon
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Nov. 14 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Joseph Falcon	FULL MAIDEN NAME	Mary Nassaslaw
RESIDENCE	Desmet	RESIDENCE	Desmet
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Montana	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

(Signature) Fred Barbeau

M D
(Physician or midwife)

Address Desmet, Ida.

Filed 11/12 1922 G. E. Bikan
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-216-005-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Benewah RECEIVED DEC 6 1922 BUREAU STA

City of Desmet

CERTIFICATE OF BIRTH 106164

No. ..... St. Registration District No. 31 File No. 2

Hospital ..... Primary Registration District No. ..... Registered No. 34

FULL NAME OF CHILD Maria Barteau
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Nov (Day) 16 (Year) 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Fred. Barteau	FULL MAIDEN NAME	Alice Clauzer
RESIDENCE	Desmet Ida	RESIDENCE	Desmet Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Minnesota	BIRTHPLACE	Wash.
OCCUPATION	Doctor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. Barteau

M. D.
(Physician or midwife)

Give names added from a supplemental report.

Y, 192....

Registrar.

Address .....

Filed Nov 16 1922 Y. L. Bihan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-130-0063VS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

106165

PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

RECEIVED
NOV 14 1922
BUREAU OF VITAL STATISTICS

Registration District No. 116 File No. 13

No. ..... St.

Primary Registration District No. 2153 Registered No. 147

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	no	Oct 30 1922

FATHER

FULL NAME: Le Roy Savage

RESIDENCE: Aberdeen Ida

COLOR: White

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: not known

OCCUPATION: farmer

MOTHER

FULL MAIDEN NAME: Myda Anna Lundquist

RESIDENCE: Sterling Ida

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Utah

OCCUPATION: Domestic

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11-10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) M. C. McCammond M.D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Oct 30 1922 McCammond
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 1[illegible] 1923
BU[illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JAN 17 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City I have no child
- Street I'm unmarried
- County .....

File Number ~~[illegible]~~ 106165

Registration Dist. No. .....

Date of Birth .....192....

Sex of Child ~~Male~~ Male

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

BY ORDER

691-131-006-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106166

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

RECEIVED NOV 18 1922 STATISTICS

Registration District No. 116 File No. B

Primary Registration District No. 2155 Registered No. 748

FULL NAME OF CHILD Gordon C. Wray

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	Oct 31 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Demos Wray	FULL MAIDEN NAME	~~Helen Jeanette~~ Nettie Morrison
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Pennsylvania
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 08 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCurr Kinnon MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Oct 31 1922 McCurr Kinnon

Registrar Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/4/41 rmf

756-121-006-758

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106168

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 13

No. ..... St.

Primary Registration District No. 2195 Registered No. 744

Hospital .....

FULL NAME OF CHILD Thomas Sylvester George

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Oct 21 1922

FATHER	MOTHER
FULL NAME Joseph Wann George	FULL MAIDEN NAME Hannah Pehrson
RESIDENCE Aberdeen Ida	RESIDENCE Aberdeen Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Utah	BIRTHPLACE Germany
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5-15 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

(Signature) M. C. MacKinnon M D
Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Oct 21 22 19 M. C. MacKinnon
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JAN 17 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED DEC 29 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

Place of Birth — City: Aberdeen. Street: ..... County: Bingham County Idaho.

File Number ~~27030~~ 106188

Registration Dist. No. .....

Sex of Child ~~Female~~ Male

Date of Birth Oct 21. 192 2.

Father Joseph Wann George. (Full Name)

Mother Hanna Pehrons (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Tomas Sylvester George. (Child's Name in Full)

Mrs. Hanna George (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

218-221-006-768

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106169

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 13

No. ..... St.

Primary Registration District No. 2195 Registered No. 745

Hospital .....

FULL NAME OF CHILD Mary Helen Bayless

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Oct 21 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest Myers Bayless	FULL MAIDEN NAME	Florence May Tohman
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Homewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon MD

Physician (Physician or midwife)

Address Aberdeen Ida

Filed Oct 21 1922 McMcKinnon

Registrar

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366225 · 006-613

Form V. S. No. 11-C-25m-7-21-19

106170

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

Registration District No. 116 File No. 13

Primary Registration District No. 2195 Registered No. 746

FULL NAME OF CHILD Era Leona Cooper

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Oct 25 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Cooper	FULL MAIDEN NAME	Ellen Eliza Watts
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMa Kinney, M.D.

Physician (Physician or midwife)

Address Aberdeen Ida

Filed Oct 25 22 19 McMa Kinney

Registrar

Given names added from a supplemental report.

..... 19 .....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sterling

Street: .....

County: Bingham

File Number: ~~96928~~ 106170

Registration Dist. No. .....

Sex of Child: ~~Male~~ Female

Date of Birth: Oct 25 1923

Father: John Cooper (Full Name)

Mother: Ellen E Watts (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Leona Cooper
Child's Name in Full

Ellen E Watts Cooper
Signature of Father or Mother

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Amended 9-3-59

PLACE OF BIRTH

415-225-006-168

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 106171

Primary Registration District No. 2194 Registered No. 475

FULL NAME OF CHILD Zelda Mogene Davis

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Sept. 25, 1922

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Charles Warren Davis	FULL MAIDEN NAME: Clara S. Johnson
RESIDENCE: Basalt	RESIDENCE: Basalt
COLOR: W. AGE AT LAST BIRTHDAY: 24 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12 ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler, M.D.

(Physician or midwife)

Address Shelley, Idaho

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Dec. 6, 1922 Mrs. Walter E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Own Child's Birth Cert. on file, #52-5258 gives mother's name as Zelda Mogene Davis - viewed by V.S. Family Group Record, appears old and unaltered gives mother's name as Clara Susannah Johnson - father's name as Charles Warren Davis and one child's name as Zelda Mogene Davis, also states that this child married Norman John Marley the first time - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 106171

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Davis (Name on Original Certificate) who born (Was Born or Died) on Sept. 25, 1922 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Zelda Mogene Davis
Sex of Child	Male	Female

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Clara Johnson Davis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

410 Randolph Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of [illegible], 19[illegible]

.....
Notary Public, residing at [illegible]
My commission expires .....
(Seal)

Signed Charles Warren Davis
(Signature of Any Credible Person)

410 Randolph Pocatello Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 7-24-59. nm

319-124-006-257

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 121 File No. 106172

Primary Registration District No. 2194 Registered No. 4744

Hospital .....

FULL NAME OF CHILD John Bernard Larsen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M.		6	yes	10	24	1922

	FATHER	MOTHER
FULL NAME	John A. Larsen	FULL MAIDEN NAME Ann Elizabeth Kearney
RESIDENCE	Shelley	Shelley
COLOR	W.	W.
AGE AT LAST BIRTHDAY	34 (Years)	32 (Years)
BIRTHPLACE	Denmark	Utah
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6-30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eduwin Curtis M.D.
(Physician or midwife)

Address Shelley, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec. 6 1922 [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 1 1922 192...

RECEIVED JAN 12 1923 BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this slip at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Shelley Ida

Street: .....

County: Bingham

File Number: ~~105870~~ 106172

Registration Dist. No. .....

Date of Birth: Oct 24 1922

Sex of Child: ~~Female~~ Male

Father: John Emanuel (Full Name)

Mother: Lizzie Kearney (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Bernard Kearney (Child's Name in Full)

Mrs. Lizzie Kearney (Signature of Father or Mother)

FEB 21 1944

NOV 23 1994

815-120-006-485

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 106173

Primary Registration District No. 2194 Registered No. 473

FULL NAME OF CHILD Austine Henry Hanny

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	October 20 1922

What bacteriedal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Albert Frank Hanney	FULL MAIDEN NAME Nettie Florance Dye
RESIDENCE Basalt	RESIDENCE Basalt
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley Idaho

Give names added from a supplemental report.

....., 19.....

Filed Dec 6 1922 Mrs Nellie E. Petrie

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/6/41 L. B. Made correction on original cc 2/25/41 rm

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFA[illegible] - 9 [illegible]

Boise, Idaho, DEC. 2 9. 1921 SEP - 9 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Firth, Ida.
Street
County Bingham

File Number ~~[illegible]~~ 106173

Registration Dist. No.

Date of Birth Oct. 20 1922

Sex of Child ~~Male~~ Male

Father Albert Franklin Hanny (Full Name) Mother Nellie Florence Dye (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Austin Henry Hanny
Child's Name in Full

N. Florence Hanny
Signature of Father or Mother

OCT 1 1942

OCT 29 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME

- - - - - - - - - - -

Birth registration is part of every child's birthright. It establishes legally the date of the child's birth, and legitimacy.

It enables the Public Health Nurse to make sure the been protected from danger of blindness and other infections

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - -

1. The correct age for purposes of school attendance
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men compelled to furnish certified copies of certificates of birth, portant that the certificates be filed with the BUREAU OF VITICS and the same completed by furnishing the name of the chi

RECEIVED JUN 22 BUREAU OF STAT

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD

253-216-006.295

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

DEC 8 1922

County of Bingham

City of Shelley.

No. ..... St.

Registration District No. 191 File No. 106174

Primary Registration District No. 2194 Registered No. 472.

Hospital .....

FULL NAME OF CHILD Florence D. Kelsey

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	12/16/1922

FATHER		MOTHER	
FULL NAME	Claud Kelsey	FULL MAIDEN NAME	Nettie Jane Singleton
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 30 P. M.
(Born alive or stillborn)
on the date above stated.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley, Idaho.

Filed Dec. 6 1922 Mrs Helen E. Fatout
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO

DEPARTMENT OF FU[illegible] [illegible]FARE

1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Basalt
- Street: .....
- County: Bingham

File Number: ~~96094~~ 106174

Registration Dist. No. 45

Sex of Child: ~~Male~~ Female

Date of Birth: September 16 1922

Father: Claude M Kelsey
Full Name

Mother: Nettie Jane Singleton
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Florence Dawn Kelsey
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

JAN 21 1944

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

8 45-213-006-465

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bingham

City of Shelley

NAME ADDED 8-29-85 fc

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 106175

Primary Registration District No. 2194 Registered No. 471

FULL NAME OF CHILD MILDRED Huntsman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	10 / 13 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vernard Huntsman	FULL MAIDEN NAME	Grace Montague
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 8 15, at P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley Idaho

Filed Dec-6 1922 Mrs Theodore E. Palmer

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-21-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 29 11 53 AM '85

State of _____ } ss.
County of _____ }

Certificate No. 106175
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Huntsman (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 13, 1922 (Date of Event)

in Bingham County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Mildred Huntsman

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

X Mildred Huntsman, Mother
Signature of Applicant
X Box 503, Park Valley Ut. 84329
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of Aug., 1985

Notary Public, Leon F. Cragun
Residing at Idaho Falls, Idaho
My commission expires 9-1-85
(Seal)

X Lenard G. Huntsman
Supporting Signature
410 Tenday Idaho Falls, Idaho
Street Address, City, State

Certificate of Baptism and Confirmation gives name as Mildred Huntsman daughter of Vernard Huntsman and Grace Montague. Born October 13, 1922, at Woodville, Idaho and Baptized December 6, 1920 in L.D.S.Church. Viewed by V.S.

Own child's birth certificate on file with Vital Statistics shows name of mother as Mildred Nuntsman mother of Sharleen Morris born May 9, 1947, in Shelley, Idaho, state file # 436761.

Viewed by V.S.

364-212-006-415

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley.

No. ..... St.

Hospital .....

Registration District No. 121 File No. 106176

Primary Registration District No. 2194 Registered No. 470.

FULL NAME OF CHILD Norma Cousin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
4		yes	10 (Month) / 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	David Cousin	FULL MAIDEN NAME	Adelia Mangum
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	W. AGE AT LAST BIRTHDAY 46 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6-30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley Idaho

Filed Dec. 6 1922 Mrs Vital [illegible] Palmer

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-112-006-743

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

FULL NAME OF CHILD Lewis Young

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 106177

Primary Registration District No. 2194 Registered No. 469

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	12 (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Chas Roy Young	FULL MAIDEN NAME	Christena Gilbert
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Penn.
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 30/8 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley

Filed Dec. 6 1922 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 12 10 38 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of BINGHAM } ss.

Certificate No. 106177

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Young (male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 12, 1922 (Date of Event) in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Young	Lewis Young

Subscribed and sworn to before me this 11th day of Feb., 1974

Grace Williams
Notary Public, residing at Blackfoot
My commission expires Jan. 14, 1975
(Seal)

Signed X Mary D. Lamb
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

x R 3 Box 143 Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of Feb., 1974

Grace Williams
Notary Public, residing at Blackfoot
My commission expires Jan. 14, 1975
(Seal)

Signed E. J. Hilton
(Signature of Any Credible Person)

Goodwin Dr. Blackfoot, Id.
(Street Address, City, State)

FORM DH 60-155

CL 12/13/73 ret'd $1.

Certif. of Blessing from LDS Church gives name as Lewis Young son of Charles R. Young and Christina Gilbert. Born October 12, 1922 at Shelley, Idaho. Was Blessed March 4, 1923. Viewed by V. S.

FEB 20 1974

Certificateof Baptism and Confirmation ~~fr~~ from LDS Church gives name as Lewis Young son of Charles Young and Christina Gilbert. Baptized Dec. 6, 1930. Viewed VS

384-210-006-213

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED DEC 8 1922 BU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 121 File No. 106178

No. ..... St.

Primary Registration District No. 2194 Registered No. 468

Hospital .....

FULL NAME OF CHILD Mary Elain Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		yes	10 / 10 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilford M. Christensen	FULL MAIDEN NAME	Harriet Bordie Bates
RESIDENCE	Shelley.	RESIDENCE	Shelley.
COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	—	OCCUPATION	House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley, Ida.

Filed Dec 1922 Mr Nature E. Tubbs
Registrar.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE - 9 -

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Shelley

Street .....

County Bingham

File Number 106178

Registration Dist. No. .....

Date of Birth 12-10- 192 2.

Sex of Child Female

Father Wilford M. Christensen (Full Name)

Mother Harriett Birdie Bates (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Elaine Christensen

Child's Name in Full

Wilford M. Christensen

Signature of Father or Mother

1 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

384-202-006-293

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 8 1922

CERTIFICATE OF BIRTH 106179

Registration District No. 121 File No. .....

Primary Registration District No. 2094 Registered No. 467

FULL NAME OF CHILD Ilene Christensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	11 - 2 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Holger Christensen	FULL MAIDEN NAME	Laura J. Killian
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 50 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician ~~or midwife~~)

Address Shelley, Idaho.

Filed Dec. 6 1922 Mrs Walter E. Palmer
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

RTMENT OF PUBLIC WELFARE

SEP - 9 1922

JAN 10 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Shelley Ida

Street: .....

County: Bingham

File Number: ~~96845~~ 106179

Registration Dist. No. .....

Sex of Child: ~~Female~~ Female

Date of Birth: Nov 2 1922

Father: Holger Christensen (Full Name)

Mother: Laura Gillian (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Irene Christensen (Child's Name in Full)

Mrs. Holger Christensen (Signature of Father or Mother)

JUN 1 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

865·224·006-963

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106180

County of Bingham

City of Blackfoot

No. ..... St. Registration District No. 121 File No. .....

Hospital ..... Primary Registration District No. 2194 Registered No. 466

FULL NAME OF CHILD Sybil Hone
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov 24 1922

What bactericidal solution was used in eyes? Cargentos 2%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ralph Hone	FULL MAIDEN NAME	Allie Rollison
RESIDENCE	Blackfoot Ida Route 3	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. A. (Born alive or stillborn), at 7.55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie M.D.
(Physician or midwife)

Address Blackfoot Idaho

Filed Dec 4 1922 Mrs Walter E. Patrie
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 12 1973

955-129-006-299

PLACE OF BIRTH

RECEIVED DEC 8 192 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. Wapello St.
Hospital

Registration District No. 121 File No. 106181
Primary Registration District No. 2194 Registered No. 465

FULL NAME OF CHILD Max J. Randall
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov 24 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Thos. W. Randall	FULL MAIDEN NAME	Ida Brinkhurst
RESIDENCE	Blackfoot, Idaho #3	RESIDENCE	Blackfoot, Idaho #3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot Ida.

Filed Dec 4 1922 Mrs Nateen Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1942

965-216-006-794

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 8 1922

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. 306 W. Judicial St.
Hospital

Registration District No. 121 File No. 106182
Primary Registration District No. 1007 Registered No. 464

FULL NAME OF CHILD ~~Katharine Silvia~~ KATHLYN SYLVIA Roney
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Nov. 16 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Roney	FULL MAIDEN NAME	Hattie Pruitt
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19..

Registrar.

Address Blackfoot, Idaho

Filed Dec 4 1922 Mr Walter E. Fatrell
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 106182

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Kathaline Silvia	Kathlyn Sylvia Roney
Kathlyn, Sylvia Roney		

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed J E Roney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.
County of Boulder }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of June, 1943

Signed Mrs C B Hubler
(Signature of Any Credible Person Other Than Previous Year)

J. James D. Clark
Notary Public, residing at 935 Pearl-Boulder Colo

My commission expires November 18th 1945
(Seal)

(Street Address, City, State)

JUN 2 3 1943

319-116-006-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 8 1922
SU... ...AL

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 240 W. Indiana St.

Registration District No. 121 File No. 106183

Hospital

Primary Registration District No. 1007 Registered No. 463

FULL NAME OF CHILD Thanner Larson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept 16 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Richard B. Larsen	FULL MAIDEN NAME	Edna Jones
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Okla.	BIRTHPLACE	Wis
OCCUPATION	Laborer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.

(Physician or midwife)

Address Blackfoot, Idaho

Filed Dec 4 1922 Mrs Walter E. Tulius
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

918-218 1006-214

PLACE OF BIRTH

DOB AMENDED 04-20-04

RECEIVED DEC 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Pingree St.

Registration District No. 121 File No. 106184

Hospital

Primary Registration District No. 2194 Registered No. 462

FULL NAME OF CHILD Bernice Christena Roy

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	NOVEMBER 8, 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Walter C. Roy	FULL MAIDEN NAME	Christena Kaus
RESIDENCE	Blackfoot, Idaho #2	RESIDENCE	Blackfoot, Idaho Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Mitchell M.D.

(Physician or midwife)

Address Blackfoot, Idaho

Filed Dec 4 1922 Mrs Valeen E. Tobrie

Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PURSUANT TO [illegible] STATE

MAY 6 2004

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED
DEC 30 1922
BUREAU OF VITAL
STATISTICS

Place of Birth — City: Sanegrees — Street: R.F.D. #1 — County: Binghamton

File Number: ~~105978~~ 106184

Registration Dist. No.:

Sex of Child: ~~Male~~ Female

Date of Birth: Nov. 8, 192 2

Father: Walter Clark Roy (Full Name)

Mother: Christina Kaus (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Bernice Christina Roy
Child's Name in Full

Walter Clark Roy
Signature of Father or Mother

816-[illegible] 206-219

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Moreland St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC ~~WELFARE~~
BUREAU OF VITAL STATISTICS

DEC 1922

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 106185

Primary Registration District No. 2194 Registered No. 461

FULL NAME OF CHILD ~~ARTHUR~~ ~~LaVAR~~ Hawkins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Nov. 25 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Arthur C. Hawkins	FULL MAIDEN NAME	Daisy M. Barney
RESIDENCE	Blackfoot, Idaho #4	RESIDENCE	Blackfoot, Idaho #4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot, Idaho

Filed Dec 4 1922 Mrs Hattie E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. JAN [illegible]
County of Marion }

Certificate No. 106185

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Orla Lovar Hawkins (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 25, 1922 (DATE OF EVENT)
in Blackfoot, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Orla Lovar Hawkins	~~La Var Arthur Hawkins~~ Arthur La Var Hawkins

Subscribed and sworn to before me this 20th
day of January, 19 42
Louis Webert.
Notary Public, residing at Aurora, Oregon
My commission expires Jan. 29, 1945
(SEAL)

Signed Arthur Clinton Hawkins
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.) Father
Box 248 Aurora Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Marion }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of January, 19 42
Louis Webert.
Notary Public, residing at Aurora, Oregon
My commission expires Jan. 29, 1945
(SEAL)

Signed Altha M. Brown
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Independence Ore. R. 1. Box 9.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN [illegible] By
(REGISTRAR'S SIGNATURE)

1942

137-126-006-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 1922

CERTIFICATE OF BIRTH

106186

County of Bingham

City of Belgr

No. N. Shelling St. Registration District No. 121 File No.

Hospital Primary Registration District No. 1007 Registered No. 460

FULL NAME OF CHILD Carl G. Allen
(Certificate of no value without full name of child.)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	X	X	Yes	Mar 26 1922

What bactericidal solution was used in eyes? Arg. Nos 2%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Golden Allen	FULL MAIDEN NAME	Alice Berg
RESIDENCE	Belgr N. Shelling Ave	RESIDENCE	Belgr. N. Shelling Ave
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Restaurantr	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 20 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Downs MD
(Physician or midwife)

Address Blackfoot

Filed Dec 4 1922 Mrs Walter E. Galvin
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

363-118-006-819

PLACE OF BIRTH

County of Bingham

City of Bekfr

No. RFD 4 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106187

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 459

FULL NAME OF CHILD Wallace G. Tolman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	X		X	Yes	Nov 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag No 3 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Rufus Tolman	FULL MAIDEN NAME	Sylvia Harper
RESIDENCE	Bekfr RFD 4 Idaho	RESIDENCE	Bekfr RFD 4
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	West Virginia
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11 50 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis Mt
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot Idaho

Filed Dec 4 1922 Wm Walter E. Tolman
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1947

AUG 24 1966

713-117-006-213

PLACE OF BIRTH

County of Bingham

City of Bekfork

No. RFD 1 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106188

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 458

FULL NAME OF CHILD Joseph Patrojas Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	X		X	Yes	Nov 17 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Ag No. 3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Joseph Patrojas	FULL MAIDEN NAME	Antonia Salmeida
RESIDENCE	Bekfr RFD 1	RESIDENCE	Bekfr RFD 1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Portugal	BIRTHPLACE	Portugal
OCCUPATION	farmer	OCCUPATION	Hsewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Dec 4 1922 Mrs Walter E Palmer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-229-006962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106189

County of Bingham — DEC 1922 — BUR

City of Blackfoot — Registration District No. 121 — File No.

No. RD #1 St. — Primary Registration District No. 2194 — Registered No. 457

Hospital

FULL NAME OF CHILD Georgia R. Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov 29 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 — Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Joseph E Jensen	FULL MAIDEN NAME	Essie Robinson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W W Beck
(Physician ~~or midwife~~)

Address Blackfoot Idaho

Filed Dec 4 1922 Mrs Valeria Tate
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV-192[illegible] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

VITAL

Place of Birth — City: Blackfoot, Ida.

Street:

County: Binghamm

File Number: ~~97574~~ 106189

Registration Dist. No.:

Date of Birth: Nov. 29 1922.

Sex of Child: ~~Male~~ Female

Father: Joseph E. Jensen (Full Name)

Mother: Essie L. Robinson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Georgia R. Jensen
Child's Name in Full

Joseph E. Jensen
Signature of Father or Mother

MAY 2 1 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

42-126-006-459

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Judicial Maple St.

Registration District No. 121 File No. 106190

Hospital

Primary Registration District No. 1007 Registered No. 456

FULL NAME OF CHILD ALVIN A. Kasel
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Nov 26 1924

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edward J Kasel	FULL MAIDEN NAME	Anna Meiselbach
RESIDENCE	Taber Ida	RESIDENCE	Taber Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician ~~or midwife~~)

Address Blackfoot Ida

Filed Dec 4 1924 Mrs Walter E Palmer
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number ~~97455~~ 106190

Registration Dist. No. .....

Sex of Child ~~Male~~ Male

Date of Birth .....192....

Father .....
Full Name

Mother .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nebraska } ss.
County of Dodge }

Certificate No. 106190
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Alvin G. Kasel (Name on original certificate) who Born (Was born or died) on Nov 26 1922 (Date of event)
in Blackfoot Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Baptismal Record (Bible record, insurance policy, etc.) prepared on Nov 26 1923 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Kasel	Alvin A. Kasel

Subscribed and sworn to before me this Eighth day of November, 19 41
L. J. Mullen
Notary Public, residing at Scribner Nebr
My commission expires Oct 7 1947
[SEAL]

Signed Mrs Edward Kasel (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Scribner Nebr
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nebraska } ss.
County of Dodge }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Eighth day of November, 19 41
L. J. Mullen
Notary Public, residing at Scribner Nebr
My commission expires Oct 7 1947
[SEAL]

Signed Gerina Schumann
(Signature of any credible person other than the previous affiant.)
Scribner Nebr
(Street Address, City, State)

Received for filing on NOV 14 1941 By
(Registrar's signature)
RECEIVED

NOV 1 7 1941

313-220-006-719 name added 11-19-84 dl

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106191

County of Bingham
City of Blackfoot
No. RP# 4 St.
Hospital

Registration District No. 121 File No.
Primary Registration District No. 2194 Registered No. 455

FULL NAME OF CHILD Vera Alda Talbot
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	Yes	Nov 20 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Roy Talbot	FULL MAIDEN NAME	Vera Partridge
RESIDENCE	Blackfoot Rd	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician or midwife)

Address Blackfoot Ida

Filed Dec 4 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-6-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
NOV 19 19
Bureau of Vital Statistics

State of _____ } ss.
County of _____

Certificate No. 106191
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Talbot (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 20, 1922 (Date of Event)
in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Alda Vera Talbot
Vera Alda Talbot		Vera Alda Talbot

Subscribed and sworn to before me this 14th day of November, 19 84.
Notary Public Lynda Cox
Residing at S.L.C. Utah
My commission expires 1-31-85
(Seal)

Vera Alda Talbot
Signature of Applicant
1777 Creek Road, Sandy, Utah 84092
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Utah } ss.
County of Salt Lake

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of November, 19 84.
Notary Public Lynda Cox
Residing at S.L.C. Utah
My commission expires 1-31-85
(Seal)

John L. Talbot
Supporting Signature
423 Columbia Road
Street Address, City, State

1 cc pd Colo. Springs, Colo. 80904

Certificate of Baptism from LDS Church gives Vera Alda-Talbot
daughter of Hyrum R Talbot and Vera C Partridge
born Nov 20, 1922 at Moreland and was baptised Jan 14, 1934.
Viewed by V.S.

NOV 19 1984

Family Bible lists Vera Alda Talbot born Nov 20, 1922 at Moreland.
Obviously old record. Viewed by V.S.

652-203.0062 43

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 9 Pine St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106192

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 454

FULL NAME OF CHILD Mary Virginia Weber

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov 3 1925

What bacterioidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Harry B. Weber	FULL MAIDEN NAME	Maud Diamond Butler
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Beeman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed Dec 4 192[illegible] [illegible]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED DEC 26 1922 BUREAU OF VITAL STATISTICS

Place of Birth — City: Blackfoot, Idaho.

Street: 52 S. Pine St.

County: Bingham.

File Number: ~~99000~~ 106192

Registration Dist. No. .....

Sex of Child: ~~Female~~ Female

Date of Birth: Nov. 3rd, 1922 ..... 192....

Father: Harry, B, Weber,
Full Name

Mother: Maud, D, Butler
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Margaret Virginia Weber.
Child's Name in Full

Mrs. Harry B. Weber.
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

1944

NOV 3

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

856 222-006-269

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bingham RECEIVED DEC 6 1922 CERTIFICATE OF BIRTH

City of Basalt BUREAU

Registration District No. 121 File No. 106193

No. ..... St.

Primary Registration District No. 2194 Registered No. 453

Hospital .....

FULL NAME OF CHILD Alton Howell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F.			Yes	11	22	22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. P. Howell	Elnora Stevenson
RESIDENCE	Basalt	Basalt
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	House Keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Edwin Coates M. D.

(Physician or midwife)

Address Shelley Idaho

Filed Dec 4 1922 Mrs. Valeen E. Talbot

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1942

JUN 14 1962

169-121-006-413

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106194

County of Bingham

City of Shelley Idaho

No. ..... St.

Registration District No. 121 File No. .....

Hospital .....

Primary Registration District No. 2194 Registered No. 452

FULL NAME OF CHILD Carlyle ~~Llewellyn~~ LLEWELLYN Jorgensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Oct 21 1922

What bactericidal solution was used in eyes? Argyrol Sol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Andrew Jorgensen	FULL MAIDEN NAME	Elsie Malcom
RESIDENCE	Shelley Idaho	RESIDENCE	Shelley Idaho
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Ill
OCCUPATION	Mechanic	OCCUPATION	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 25 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts M.D.
(Physician or midwife)

Address Shelley, Idaho

Filed Dec 4 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19..

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 106194

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in Carlyle Llewellin Jorgensen (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Oct. 21, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Llewellin	Carlyle LlewellynJorgensen

Subscribed and sworn to before me this 20th. day of September, '43

Notary Public, residing at R. #1 Idaho Falls, Ida.

My commission expires May 1st. 1946
(Seal)

Signed Andrew Jorgensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 23 1943

OCT 28 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

849-220-006-168

County of Bmg Ham

City of Fruit Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106195

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 451

FULL NAME OF CHILD Irene Frances Quinn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 20 1922

What bactericidal solution was used in eyes? Sol argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Henry Grady Quinn	FULL MAIDEN NAME	Frances Della Johnson
RESIDENCE	Fruit Idaho	RESIDENCE	Fruit Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mississippi	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	at home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E R Roberts M.D.

(Physician or midwife)

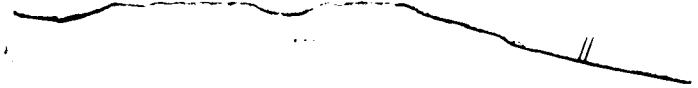
Give names added from a supplemental report.

....., 19....

Registrar.

Address Shelley Idaho

Filed Dec 4 1922 Mrs Hallie E. Patrick
Registrar.



264-229-006-866

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106196

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 450

FULL NAME OF CHILD Julia Kouratt
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	10-24-1922

What bactericidal solution was used in eyes? neosilvol 5% sol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank Kouratt	FULL MAIDEN NAME	Jeanett L. Howell
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed Dec 4 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1981

249-128-006-854

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106197

County of Bingham
City of Firth Ida
No. ..... St.
Hospital .....

Registration District No. 121 File No. .....
Primary Registration District No. 2194 Registered No. 449

FULL NAME OF CHILD Roy Edwin Burman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	10-28-1922

What bactericidal solution was used in eyes? mosilvol 5% sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Eric Burman	FULL MAIDEN NAME	Elsie Hedberg
RESIDENCE	Firth Ida	RESIDENCE	Firth Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Sweden	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Hampton Mdl
(Physician or midwife)

Address Blackfoot Idaho

Filed Dec 4 1922 Mrs Pateer E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

275-125-006-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. ..... St.
Hospital .....

Registration District No. 121 File No. 106198
Primary Registration District No. 2194 Registered No. 448

FULL NAME OF CHILD Elmer Glen Spencer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	10-25-1922

What bactericidal solution was used in eyes? mosilvol 5% sol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Elmer L. Spencer	FULL MAIDEN NAME	Ilah L. Thomas
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton MD
(Physician or midwife)

Address Blackfoot Ida

Filed Dec 4 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-215-006-318

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. ..... St.
Hospital .....

Registration District No. 121 File No. 106199
Primary Registration District No. 2194 Registered No. 447

FULL NAME OF CHILD Lurene Marie Gooch
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth 10-15 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Neosilvol 5% sol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Beltan Ephraim Gooch	FULL MAIDEN NAME	Ethel L. Taylor
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.
(Physician or midwife)

Address Blackfoot Idaho

Filed Dec. 4 1922 Mrs Walter E. Palmer
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 5 1973

685-109-006-753

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 106200

Primary Registration District No. 2194 Registered No. 446

FULL NAME OF CHILD Glen H Wheeler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 10 (Day) 9 (Year) 1922
Male		yes	

What bactericidal solution was used in eyes? Mo silvol 5% sol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Brigham R. Wheeler	FULL MAIDEN NAME	Dorothy Peterson
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Hampton MD
(Physician or midwife)

Address Blackfoot Ida

Filed Dec 4 1922 Mrs Valerie E. Patrick
Registrar.

Give names added from a supplemental report.

..... 19....

Registrar.

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

OCT 8 1942

OCT 14 1942

632-209-006-852

PLACE OF BIRTH

RECEIVED DEC 8 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 121 File No. 106201

Primary Registration District No. 2194 Registered No. 445

FULL NAME OF CHILD Ruth Ardella Olson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	10-9-1922

What bactericidal solution was used in eyes? Neosilvol 5% sol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Barnard Olson	FULL MAIDEN NAME	Elizabeth Herbst
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:05 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Humpton M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed Dec. 4 1922 Mrs Walter E. Patrick
Registrar

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 14 1944

962-204-006-251

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. ..... St.
Hospital .....

Registration District No. 121 File No. 106202
Primary Registration District No. 1007 Registered No. 444

FULL NAME OF CHILD Un-named Ross
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	10 / 4 1922

What bactericidal solution was used in eyes? neosilvol 5% sol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Eby Ross	FULL MAIDEN NAME	Leora Searles
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Colo	BIRTHPLACE	Neb
OCCUPATION	Rural Mail Carrier	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:30 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.
(Physician or midwife)

Address Blackfoot Idaho

Filed Dec. 4 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-226-006-269

PLACE OF BIRTH Amended April 16, 1969

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106203

County of Bingham

City of Blackfoot

DEC 6 1922 BUREAU OF VITAL STATISTICS

No. ..... St. Registration District No. 121 File No. .....

Hospital Blackfoot Gen Primary Registration District No. 1007 Registered No. 443

FULL NAME OF CHILD Echo Katherine Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 9 (Day) 26 (Year) 1922
Female		yes	

What bactericidal solution was used in eyes? neosilvol 2% sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Anton Nelson	FULL MAIDEN NAME	Chora Hygard Sorenson
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Denmark	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton MD
(Physician or midwife)

Address Blackfoot Ida

Filed Dec. 4 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 10 1945

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 106203

Date Filed Dec. 4, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Echo Katherine Nelson (Name on Original Certificate) who born (Was Born or Died) on Sept. 26, 1922 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Confirmation (Bible Record, Insurance Policy, Etc.) prepared on Aug. 29, 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
middle name	Echo Cathrine Nelson	Echo Katherine Nelson

Subscribed and sworn to before me this 11th day of April, 19 69

Grace Boettcher

Notary Public, residing at Pocatello, Idaho.

My commission expires Aug. 3, 1969

(Seal)

X Signed Adam M. Sutton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

317 S. 14 Pocatello Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of April, 19 69

Grace Boettcher

Notary Public, residing at Pocatello, Idaho.

My commission expires Aug. 3, 1969

(Seal)

Signed Barbara Thomas
(Signature of Any Credible Person)

[illegible] Garfield Pocatello Idaho
(Street Address, City, State)

FORM DH 60-155

Certificate of Confirmation for Echo Katherine Nelson, born at Blackfoot, Idaho Sept. 26, 1922. Emanuel Luthern Church. Signed by Pastor Philip A. Leaf, on August 29, 1937. Viewed by VS

APR 16 1969 Echo

Affadavit by Ada M. Sutton, an aunt , 80 years of age, states that Katherine Nelson born September 26, 1922. / Signed April , 1969. Viewed by VS. Apreil 16, 1969

653-129-006-813

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106204

County of Bingham

City of Sterling

Registration District No. 116 File No. 13

No. ..... St.

Primary Registration District No. 2195 Registered No. 755

Hospital .....

FULL NAME OF CHILD Lawrence Charles Wells

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Nov 29 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Benjamin Wells	FULL MAIDEN NAME	Ellen Hale
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCrea Kinnon M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Nov 29 1922 McCrea Kinnon

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 26 1941

519-229-006-696

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106205

County of Bingham

City of Pingree

Registration District No. 166

File No. 3

No. ____ St.

Primary Registration District No. 2155

Registered No. 254

Hospital ____

FULL NAME OF CHILD WYLDA JOYCE NAILLON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Female			Yes	Jan 29 22

FATHER	MOTHER
FULL NAME William Halliday Naillon	FULL MAIDEN NAME Joyce Frances Fifield
RESIDENCE Pingree Ida	RESIDENCE Pingree, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Tennessee	BIRTHPLACE Minnesota
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8A M. on the date above stated.

(Signature) Mamer Kinnon M.D.

Physician

(Physician or midwife)

Address Aberdeen, Ida

Filed Nov 29 22 19 Mamer Kinnon Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Alameda } ss.

Certificate No. 106205

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Baby (Birth or Death)
for None (Name on Original Certificate) who was born (Was Born or Died) on Nov. 29 - 1922 (Date of Event)
in Pingree Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Wylda Joyce Naillon

Subscribed and sworn to before me this 1st day of August, 1942

Notary Public, residing at Alameda, Calif.

My commission expires Commission Expires April 1, 1944
(Seal)

Signed Wylda Joyce Naillon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

39 Jordan Road, R.F.D. (Street Address, City, State) Alameda Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Alameda } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of August, 1942

Notary Public, residing at Alameda, Calif.

My commission expires
(Seal)

Signed Lucille Merritt
(Signature of Any Credible Person Other Than Previous Year)

1504 Fernside Blvd. (Street Address, City, State) Alameda Calif.

AUG 3 1942

76-214006-962

PLACE OF BIRTH

RECEIVED DEC 8 1922

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106206

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 13

No. ____ St.

Primary Registration District No. 2195 Registered No. 753

Hospital ____

FULL NAME OF CHILD DORA Maybelle Lenore Gough

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		—	yes	Nov 14 1922

FATHER	MOTHER
FULL NAME: John Cyrus Gough	FULL MAIDEN NAME: Melinda Robinson
RESIDENCE: Sterling Idaho	RESIDENCE: Aberdeen Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) M. C. Martineau, M.D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Nov 27 19 22 M. C. Martineau
Registrar.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 106206

State of Idaho }
County of Twin Falls } ss.

Date Filed October 9, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dora Lenore Gough (Name on Original Certificate) who was born (Was Born or Died) on November 14, 1922 (Date of Event)
in Aberdeen Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal record (Bible Record, Insurance Policy, Etc.) prepared on March 1, 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Myrtle	DoraLenore Gough
Dora Lenore Gough		

Subscribed and sworn to before me this 10 day of Oct., 1942

E. V. Gough
Notary Public, residing at Buhl, Idaho

My commission expires March 15, 1945
(Seal)

Signed Melinda Gough
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

112-12th St. Buhl, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of October, 1942

E. V. Gough
Notary Public, residing at Buhl, Idaho

My commission expires March 15, 1945
(Seal)

Signed John E Gough
(Signature of Any Credible Person Other Than Previous Year)

112-12th St. Buhl, Idaho
(Street Address, City, State)

OCT 1 4 1942

331-212-006-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

106207

RECEIVED
DEC 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

Registration District No. 116 File No. 73

Primary Registration District No. 2195 Registered No. 752

FULL NAME OF CHILD Elsie Marie Claunch

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Nov 12 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Everett Claunch	FULL MAIDEN NAME	Ellen Christensen
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon, MD

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Nov 13 1922 McCurtkinnon

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

NOV 13 1922

Boise, Idaho, ... 192...

RECEIVED JAN 11 1923 BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Sterling; Street; County Bingham

File Number ~~[illegible]~~ 106207

Registration Dist. No.

Sex of Child ~~Male~~ Female

Date of Birth Nov 12 1922

Father Everett Claunch (Full Name)

Mother Ellen Christensen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elsie Marie Claunch
Child's Name in Full

Ellen Claunch
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

891-107-006-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bingham

RECEIVED
DEC 8 1922

CERTIFICATE OF BIRTH

106208

City of Aberdeen

Registration District No. 116 File No. 13

No. ..... St. .....

Primary Registration District No. 2195 Registered No. 751

Hospital .....

FULL NAME OF CHILD Wayne Harvey Hiatt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Heber Madison Hiatt	FULL MAIDEN NAME	Lillie Sophia Peterson
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCormick Kinnon M.D.

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Nov. 13 1922 McCormick Kinnon

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

162-106-006-654

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

106209

Registration District No. 116 File No. 13

Primary Registration District No. 2195 Registered No. 750

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Nov 6 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Wallace Moser	FULL MAIDEN NAME	Della Amy Wedel
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mr. C. McKinnon, M.D.

Physician (Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed Nov 6 1922 McKinnon

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113106.006-492

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 8 1922
VITAL STATISTICS

CERTIFICATE OF BIRTH

106210
13

County of Bingham

City of Aberdeen

Registration District No. 116

File No.

No. ____ St.

Primary Registration District No. 2195

Registered No. 745

Hospital

FULL NAME OF CHILD David Missler Jackson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male	~		~	Yes	Nov 6 (Month) (Day) 19 22 (Year)

FATHER	MOTHER
FULL NAME David Franklin Jackson	FULL MAIDEN NAME Isabelle Jennie Missler
RESIDENCE Aberdeen Ida	RESIDENCE Aberdeen Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:20 P. M. on the date above stated.

(Signature) W. C. Martinson M. D.

Physician

(Physician or midwife)

Address Aberdeen Ida

Filed Nov 6 19 22 W. C. Martinson

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/24/41 Z.J.

666-210-008-643

PLACE OF BIRTH

RECE[illegible] DEC 1[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106215

County of Boise

City of Banks

No. ..... St.

Registration District No. 12 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. 12

FULL NAME OF CHILD Mary Ann Woods
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	1 (To be answered only in event of plural births)	Yes	Feb 10 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Elmer Woods	FULL MAIDEN NAME	Mary Tiller
RESIDENCE	Banks	RESIDENCE	Banks
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	18 yrs
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Mary Price
(Physician or midwife)

Give names added from a supplemental report.

Address .....

Mrs E S Robison, 19.....
Registrar.

Filed Dec 1922 Mrs E S Robison
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659-214:008-659

PLACE OF BIRTH

RECEIVED NOV 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106216

County of Boise

City of Grimes Pass

No. ..... St.

Registration District No. 12 File No. .....

Hospital ..... Primary Registration District No. 12 Registered No. .....

FULL NAME OF CHILD Loletta Lucille Ferrel
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug 14 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Claude E. Ferrel	FULL MAIDEN NAME	Hattie B. Ferrel
RESIDENCE	Grimes Pass	RESIDENCE	Grimes Pass
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Missouri	BIRTHPLACE	Colorado
OCCUPATION	Carpenter	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Fitz

(Physician or midwife)

Give names added from a supplemental report.

Address Inwarkburgh

..... 1922

Mrs E S Robison
Registrar.

Filed Oct 15 1922 Mrs E S Robison
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-227-008 269

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC ~~WELFARE~~
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106217

County of Bois
City of Quartz Burgh
No. ____ St.
Registration District No. 12
File No. ____
Hospital ____
Primary Registration District No. 12
Registered No. ____

FULL NAME OF CHILD KATHLEEN MILDRED Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	August 27 1922

What bacteriacidal solution was used in eyes? Ag

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Guyles P Taylor	Caroline Borden
RESIDENCE	Quartz Burgh	Quartz Burgh
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	28
BIRTHPLACE	Iowa	Wyoming
OCCUPATION	Miner	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Tietz
(Physician or midwife)
Address Quartz Burgh

Give names added from a supplemental report.

____, 19____
Mrs E S Robison
Registrar.

Filed Oct 12 1922 Mrs E S Robison
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDAN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of Los ANGELES }

FEB 4 1942

Certificate No. 106217
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Catholine M Taylor (Name on original certificate) who born (Was born or died) on Aug 27 1922 (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Aug 28 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Catholine M. Taylor	Kathleen Mildred Taylor

Subscribed and sworn to before me this 30
day of January, 1942
Notary Public, residing at Pasadena
My commission expires February 3rd 1945
[SEAL]

Signed Mrs. Caroline Taylor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2756 Morningside Ave
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of Los ANGELES }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30
day of January, 1942
Notary Public, residing at Pasadena
My commission expires February 3rd 1945
[SEAL]

Signed Mabel L Wallingford
(Signature of any credible person other than the previous affiant.)
171 El Nido Ft
(Street Address, City, State) Pasadena Cal

Received for filing on FEB 4 1942 By
(Registrar's signature)

1942

AUG 31 1943

MAR 20 1953

434-201-008-343

PLACE OF BIRTH

RECEIVED NOV 10 1924 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106218

County of Boise

City of Garden Valley

No. ..... St.

Registration District No. 12

File No. .....

Hospital .....

Primary Registration District No. 17

Registered No. .....

FULL NAME OF CHILD Agnes Kay McDonnel.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Aug 1 1924

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ed McDonnel.	FULL MAIDEN NAME	Mary Tucker.
RESIDENCE	Garden Valley	RESIDENCE	Garden Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Garden Valley
OCCUPATION	Sawyer.	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

Mrs. E. S. Robison
Registrar.

(Signature) Mrs Maggie Tucker.
(Physician or midwife)

Address Garden Valley

Filed Oct 25 1924 Mrs E S Robison
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464-601 PLACE [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFAR[redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH [redacted]

County of Bonner

City of Priest River

No. ..... St. Registration District No. 85 File No. [redacted]

Hospital ..... Primary Registration District No. 2185 Registered N[redacted]

FULL NAME OF CHILD Frank Joseph Mauro
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct. 1 1922

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John M. Mauro	FULL MAIDEN NAME	Mary Saccomanno
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3.20 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Mauro
Father of John M.
(Physician or midwife)

Address Priest River, Idaho

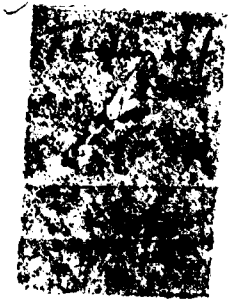
Filed Dec. 1 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



513-22-2009-314

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106221

County of Bonner

City of Priest River,

No. ____ St.

Registration District No. 85

File No. ____

Hospital ____

Primary Registration District No. 2185

Registered No. 25

FULL NAME OF CHILD Mary C. Naccarato
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				Yes	Aug. 22. 1922.

What bactericidal solution was used in eyes? Nothing.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Henry M. Naccarato	FULL MAIDEN NAME: Rosie Lamonna.
RESIDENCE: Priest River, Ida.	RESIDENCE: Priest River,
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Canada
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3. P.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry M Naccarato
Hen
Father (Physician or midwife)

Address Priest River, Ida.

Filed Dec 1 1922

Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

733-220-091-344

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 7 1922
BUREAU OF VITAL STATISTICS

County of Bonner
City of Priest River
No. — St.
Hospital —

Registration District No. 82
Primary Registration District No. 2185

File No. 106822
Registered No. 220

FULL NAME OF CHILD Genevieve Dell Getzlaff
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov. 20 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Carl Paul Getzlaff	FULL MAIDEN NAME	Gladiolus Cuddy
RESIDENCE	Priest River, Ida.	RESIDENCE	Priest River, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Oregon
OCCUPATION	Physician & Surgeon	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzlaff

Physician
(Physician or midwife)

Address Priest River Ida

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Nov 1922

C. P. Getzlaff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 30 1942

OCT 2 1967

245-223-009-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106223

County of Bonner

City of Newport

Registration District No. 83 File No. 3

No. ____ St.

Primary Registration District No. 285 Registered No. 222

Hospital ____

FULL NAME OF CHILD Mildred Evelyn Snyder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of Birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	yes	2		Nov. 23 1922

FATHER	MOTHER
FULL NAME Andrew Snyder	FULL MAIDEN NAME Alvina Barrett
RESIDENCE Albany Falls	RESIDENCE Albany Falls,
COLOR W AGE AT LAST BIRTHDAY 31 (Years)	COLOR W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE N. Dak	BIRTHPLACE N. Dak
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov 23, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Dr. V. C. Cleveland

Newport.
(Physician or midwife)

Address ____

Filed Dec. 1 1922 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-123-009-219

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bonner

DEC 7 1922

CERTIFICATE OF BIRTH

106224

City of Newport

Registration District No. 85 File No. 3

No. ____ St.

Primary Registration District No. 285 Registered No. 221

Hospital

FULL NAME OF CHILD Andrew Lester Smeder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	yes	1	yes	Nov 23 1922

FATHER		MOTHER	
FULL NAME	Andrew Smeder	FULL MAIDEN NAME	Elvina Barrett
RESIDENCE	Albany Falls,	RESIDENCE	Albany Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	N. Dak.	BIRTHPLACE	N. Dak
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov 23, at 9:15 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. V. C. Cleveland

Newport

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Dec. 1 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 1943

753-116-009-485

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106225

County of Bonner

City of Priest River

No. — St. Registration District No. 85 File No. 54

Hospital — Primary Registration District No. 2185 Registered No. 224

FULL NAME OF CHILD Clifford Raymond Peterson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov. 16 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Sanford Peterson	FULL MAIDEN NAME	Thelma Dyer
RESIDENCE	Priest River Ida.	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 1:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Priest River Ida

Filed Dec 1 1922 C. P. Getzloff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1966

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 106225

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Raymond Peterson (Name on Original Certificate) who was born (Was Born or Died) on Nov. 16, 1922 (Date of Event)
in Priest River, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Raymond Peterson	Clifford Raymond Peterson

Subscribed and sworn to before me this 21 day of July, 1966

Notary Public, residing at Blanchard Ida

My commission expires MY COMMISSION EXPIRES NOV. 1, 1967

(Seal)

Signed Mrs. Sanford Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RT-1- Priest River Ida-
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Mrs. Laura E Bandy
(Signature of Any Credible Person)

RT 1- Priest River Ida-
(Street Address, City, State)

58852

FORM DH 60-155 (Rush)

CL 7-13-66. one copy pd. rec. #15917.

Honorable Discharge from U.S. Army, July 9, 1945 gives full name as Clifford R Peterson - viewed by V.S.

APR 4 1967

Enlistment Record, U.S. Army, Clifford R. Peterson, date of enlistment Feb. 17, 1941 born Nov. 16, 1922 at Lacede, Idaho - viewed by V.S.

217-10-009-154

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106226

County of Bonner

City of Priest River, Idaho

No. — St.

Registration District No. 85 File No. 15

Hospital Priest River Primary Registration District No. 2185 Registered No. 223

FULL NAME OF CHILD Joseph Herbert Sage
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov 1 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James H. Sage	FULL MAIDEN NAME	Goldie G. Anderson
RESIDENCE	Valley, Ida.	RESIDENCE	Valley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Mo.
OCCUPATION	Lumberman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Priest River, Ida.

Filed Dec. 1 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1982

JUL 13 1948

553.119.009-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 7 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106227

County of Bonner

City of Priest River

No. — St. Registration District No. 85 File No. 4

Hospital — Primary Registration District No. 2185 Registered No. 225

FULL NAME OF CHILD Raymond Veltri
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov. 19 1922

What bactericidal solution was used in eyes? Argyrol 2%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Frank Veltri	FULL MAIDEN NAME	Earnestine Maio
RESIDENCE	Priest River, Ida.	RESIDENCE	Priest River, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 5:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Priest River, Ida

Filed Dec. 1 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-125-209-413

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106228

County of Bonner

City of Priest River

No. — St.

Registration District No. 85

File No.

Hospital —

Primary Registration District No. 2185

Registered No. 226

FULL NAME OF CHILD Lorine Veltri
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov 25 1922

What bacteriocidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Teddie Veltri	FULL MAIDEN NAME Annie Muro
RESIDENCE Priest River Ida.	RESIDENCE Priest River Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (born alive or stillborn) at 8:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C J Getz M D

Physician
(Physician or midwife)

Address Priest River, Ida

Filed Dec. 1 1922

C J Getz M D
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

UDR 30 1942

149-217-009-389

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 7 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner.

City of Sandpoint

No. 12 Milltown St. Registration District No. 78 File No. 106229

Hospital Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Virginia Jeanette Durand
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	10-17-1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Virgil Leon Durand	FULL MAIDEN NAME Theodora Christianson
RESIDENCE #12 Milltown Sandpoint	RESIDENCE #12 Milltown - Sandpoint
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Van Buren Ind.	BIRTHPLACE Wis.
OCCUPATION Millman.	OCCUPATION Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12:10 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Stackhouse M.D.
(Physician or midwife)

Address Sandpoint

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec 4 1922 Viola Allen Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ДЛЯ

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sand Point

Street: .....

County: Bonner.

File Number: 106229

Registration Dist. No. .....

Date of Birth: 17th Oct 192 2

Sex of Child: Female

Father: Mr Virgil Leon Curaud (Full Name)

Mother: ~~Mrs~~ Jennie Christenson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Virginia Jeanette Curaud.

Child's Name in Full

Mrs Virgil Curaud

Signature of Father or Mother

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS

Place Of Birth

City .....

Street .....

County .....

Sex of Child.....

Father ..... Full Name

File Number .....

Registration Dist. No. .....

Date of Birth ..... 19..

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named

.....

Child's Name in Full

.....

Signature of Father or Mother

619-122-009 249

PLACE OF BIRTH

RECEIVED
DEC 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106230

County of Bonner

City of Talache

No. — St, Registration District No. 78 File No.

Hospital — Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Ernest Eugene Ward.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	and		yes	11-21-1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ernest Eugene Ward.	FULL MAIDEN NAME	Nellie Olive Smith
RESIDENCE	Talache.	RESIDENCE	Talache.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41.	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Mina.	BIRTHPLACE	Idaho Ore.
OCCUPATION	Mining Engineer	OCCUPATION	Hsw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12:30 P.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse M.D.
(Physician or midwife)

Address Sandpoint

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 4 1922 Viola Allen Deputy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4

MAR 8 1967

847-120-009-239

PLACE OF BIRTH

RECEIVED
DEC 7 1922
VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106231

County of Bonner

City of Sandpoint

No. 414 Superior St. Registration District No. 78 File No.

Hospital Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Harry Alfred Hulquist
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes.	11-20 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Arthur Hjalman Hulquist	FULL MAIDEN NAME	Nellie Menta Strosneider
RESIDENCE	Sawyer - Ida.	RESIDENCE	Sawyer, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29. (Years)
BIRTHPLACE	Meadville, Pa.	BIRTHPLACE	Owensburg - Ind.
OCCUPATION	Farmer.	OCCUPATION	Hunt.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:00 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse M.D.
(Physician or midwife)

Address Sandpoint

Filed Dec 4 1922 Viola Allen Registrar.
Deputy

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 24 1975

694-116-009-856

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. #19 Milltown St.

Registration District No. 78 File No. 106232

Hospital

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD John Winnington
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	11 – 16 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Roy Winnington	FULL MAIDEN NAME	Gussie Beatrice Heffron
RESIDENCE	#19 Milltown Sandpoint	RESIDENCE	#19 Milltown Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	S. Dakota	BIRTHPLACE	Rochester, N.Y.
OCCUPATION	Forester	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or stillborn~~), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

Mal
(Physician or midwife)

Address Sandpoint

Filed Dec 4 1922 Viola Allen
Deputy Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695215·009-235

PLACE OF BIRTH

RECEIVED DEC 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. Rural St.

Registration District No. 7F

File No. 106233

Hospital

Primary Registration District No. 2155, Registered No.

FULL NAME OF CHILD Carolyn Ahmen Finicle

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	11-15-1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Chas Myers Finicle	FULL MAIDEN NAME	Ethel May Stevens
RESIDENCE	R.F.D Sandpoint	RESIDENCE	R.F.D. Sandpoint
COLOR	white	AGE AT LAST BIRTHDAY (Years)	45
COLOR	white	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Shelby Ohio	BIRTHPLACE	Euclid Minn.
OCCUPATION	Switchman	OCCUPATION	Hswf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse M.D.

(Physician or midwife)

Address Sandpoint

Filed Dec 7 1922 Viola Allen Deputy Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1987

419-213-009-713

PLACE OF BIRTH

RECEIVED
DEC 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. 18 File No. 106234

Hospital Central Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Dolores Mary Martin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	—		—	yes	Nov 13 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Maynard H Martin	FULL MAIDEN NAME	Constance E Gatzke Wis
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Lumberman	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 6 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E T Anderson

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address .....

Filed Dec 4 1922 Viola Allen Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sandpoint

Street: Central Hospital

County: Bonner

File Number: 106234

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 13 192 2

Father: Maynard Howard Martin (Full Name)

Mother: Constance Eleanor Latkiewicz (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dolorosa Mary Martin

Child's Name in Full

Mrs. Maynard H. Martin

Signature of Father or Mother

765-221-009-861

PLACE OF BIRTH

RECEIVED
DEC 7 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ____ St.

Registration District No. 78 File No. 106235

Hospital ____ Primary Registration District No. 2155 Registered No. ____

FULL NAME OF CHILD Jacqueline Eleanor Goethel
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	11/21/22 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: John Hollister Goethel	FULL MAIDEN NAME: Alice Sarah Hoadley
RESIDENCE: Sandpoint	RESIDENCE: Sandpoint
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Minn.	BIRTHPLACE: England
OCCUPATION: Butcher	OCCUPATION: Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 noon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) M. R. Wallentine M.D.
(Physician or midwife)

Address Sandpoint, Ida

Filed Dec 4 1922 Viola Allen Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 3 1942

SEP 20 1944

168-227.009-253

PLACE OF BIRTH

RECEIVED DEC 7 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. 18 File No. 106236

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Ruth Lilly Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	11/27/22 192...

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Isaac Bernard Johnson	FULL MAIDEN NAME: Elfreda Potentia Benson
RESIDENCE: Sandpoint	RESIDENCE: Sandpoint
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Sweden
OCCUPATION: laborer	OCCUPATION: Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. Wallentine M.D.
(Physician or midwife)

Address Sandpoint Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 4 192 2 Viola Allen Deputy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1942

JUN 7 1955
JUN 7 1955

597-212-009-349

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ____ St.

Registration District No. 78 File No. 106237

Hospital ____ Primary Registration District No. 2155 Registered No. ____

FULL NAME OF CHILD Ilene Lavina Vigue
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	11/12/22 192

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: William Vigue	FULL MAIDEN NAME: Mary Turcott
RESIDENCE: Sandpoint	RESIDENCE: Sandpoint
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Wis.	BIRTHPLACE: Minn.
OCCUPATION: laborer	OCCUPATION: Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W. R. Wallentine M.D.
(Physician or midwife)

Address Sandpoint

Filed Dec. 4 1922 Viola Allen Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8 1949

749-126-009-439

PLACE OF BIRTH

RECEIVED
DEC 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 414 S. Marion St.

Hospital

Registration District No. 78 File No. 106238

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Harvey Bernard Guinard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov 26 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm Peter Guinard	FULL MAIDEN NAME	Theresa McIntire
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Menominee, Wisc	BIRTHPLACE	Cleveland, Okla
OCCUPATION	Lumber worker	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Windle M.D.

physician
(Physician or midwife)

Address Sandpoint, Ida

Filed Dec 4 1922 Viola Allen
Deputy Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 6 1942

APR 19 1943

MAY 8 1947

214-115-008-381 added childs name, mothers middle name & fathers middle name 3-14-86 dl

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106239

County of Bonner

City of Sandpoint

No. ____ St.

Registration District No. 16 File No. ____

Hospital ____ Primary Registration District No. 2155 Registered No. ____

FULL NAME OF CHILD Oliver Berton Saunders
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov 15 1922

What bactericidal solution was used in eyes? Argyrol 5 o/o

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER

FULL NAME Frank Marvin Saunders

RESIDENCE Sandpoint (rural)

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Cedar Falls, Iowa

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Sinie Jane Chandler

RESIDENCE Sandpoint, Ida

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Tina, Mo.

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd C. Kendle M.D.
Physician
(Physician or midwife)

Address Sandpoint, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 4 1922 Viola Albers
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-3-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Washington
County of Okanogan } ss.

Certificate No. 106239
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Saunders (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 15, 1922 (Date of Event)

in Sandpoint (Bonner) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Oliver Berton Saunders
Fathers name	Frank L Saunders	Frank Marvin Saunders
mothers name	Sinie Chandler	Sinie Jane Chandler

Subscribed and sworn to before me this 7th day of February, 1986.
Notary Public Emily A Carlton
Residing at Omak, Wn.
My commission expires 7-18-87
(Seal)

X Oliver B Saunders
Signature of Applicant
X Rt 5 Box 114A Riverside Wn
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash
County of Spokane } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of February, 1986.
Notary Public Betty L. Williamson
Residing at 166 W Nora, Spokane
My commission expires 4-4-86
(Seal)

Mack L Saunders
Supporting Signature
Rt 2 Box 222
Street Address, City, State
Addtown, ID 83822

1 cc pd

Will dated Sept 28, 1977 lists Oliver Berton Saunders as full name. Signed and witnessed. Viewed by V.S.

Birth Record for Shirley Mae Saunders born Sept 30, 1945 in Sandpoint lists father as Oliver Berton Saunders born Nov 15, 1922 in Samuels, ID Viewed by V.S.

Family Bible lists Frank Marvin Saunders and Sinie Jane Chandler as parents to Oliver B. Saunders. Obviously old record viewed by V.S.

Oklahoma birth certificate lists Mack Saunders born Oct 22, 1915 to Frank M Saunders and Sinie Chandler.
Viewed by V.S.

MAR 14 1986

157-116-009-281

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 7 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 1120 Main St. Registration District No. 78 File No. 106240

Hospital Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Thomas Dale Anglin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov 16 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Thomas Houston Anglin	FULL MAIDEN NAME	Hazel Shaw
RESIDENCE	Sandpoint 1120 Main St	RESIDENCE	Sandpoint 1120 Main St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ogden, Kansas	BIRTHPLACE	Ness City, Kansas
OCCUPATION	Truck driver	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.50 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle
Physician
(Physician or midwife)

Address Sandpoint, Ida

Filed Dec 4 1922 Viola Allen
Deputy Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

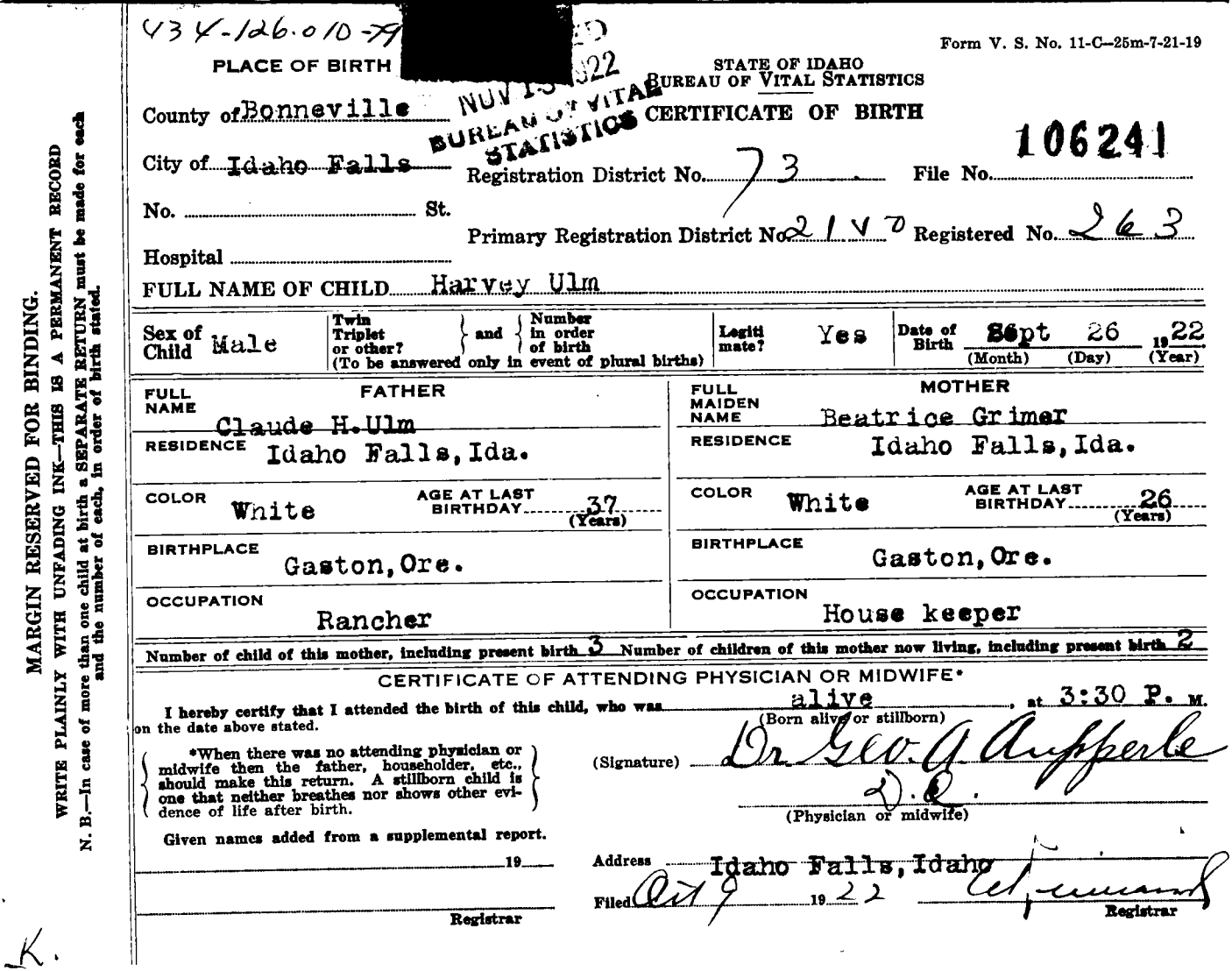
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1942

MAY 15 1946

APR 23 1946



434-126.010-79 [redacted]

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

NOV 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 106241

Primary Registration District No. 2140 Registered No. 263

FULL NAME OF CHILD Harvey Ulm

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept (Month) 26 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Claude H. Ulm	FULL MAIDEN NAME	Beatrice Grimer
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Gaston, Ore.	BIRTHPLACE	Gaston, Ore.
OCCUPATION	Rancher	OCCUPATION	House keeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo. A. Aupperle
D. C.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls, Idaho

Filed Oct 9 1922

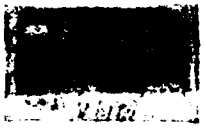
[signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K.



533-130-010-394

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

NOV 18 1922

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106242

County of Bonneville

City of Idaho Falls, Idaho

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2170 Registered No. 242

Hospital

FULL NAME OF CHILD Robert S. Ellis

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 30 1922

FATHER	MOTHER
FULL NAME: Mack S. Ellis	FULL MAIDEN NAME: Gertrude Lidy
RESIDENCE: Idaho Falls, Idaho	RESIDENCE: Idaho Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Clark, Co, Idaho	BIRTHPLACE: Clark Co, Idaho
OCCUPATION: Rancher	OCCUPATION: House keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:15 A.M. on the date above stated.

(Signature) Dr. Geo. A. Kupferle

D.O.

(Physician or ~~midwife~~)

Address Idaho Falls, Idaho

Filed Oct 9 1922

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1942

655-207-010-365

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 106243

Hospital .....

Primary Registration District No. 2150 Registered No. 261

FULL NAME OF CHILD Marion Elizabeth Wengert
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct. 7 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Elmer P. Wingerts	FULL MAIDEN NAME	Shirley Long
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Nebraska
OCCUPATION	Manager Wm. Zuckerman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Soderquist M.D.

Physician
(Physician or midwife)

Address Idaho Falls Ida

Filed Oct 19 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEP ... OF PUBLIC WEL ...

Boise, Idaho, 12/15/22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED DEC 20 1922 VITAL STATISTICS

Place of Birth: City Idaho Falls; Street 145 - 9th; County Bonneville

File Number 106243

Registration Dist. No. .....

Date of Birth Oct 7th 1922

Sex of Child Female

Father Elmer P. Wengert (Full Name) Mother Shirley Eudora Long (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named

Marion Elizabeth Wengert

Child's Name in Full

E. P. Wengert

Signature of Father or Mother

MAY 21 1952

APR 1 1962

SEP 1 5 2016

282-119-010-699

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 106244

No. ..... St.

Hospital General

Primary Registration District No. 2170

Registered No. 240

FULL NAME OF CHILD William Wright Bybee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Sept 19 1922

FATHER		MOTHER	
FULL NAME	John Jefferson Bybee	FULL MAIDEN NAME	Florence Anna Wright
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

(Signature) [signature]

Physician

(Physician or midwife)

Address Idaho Falls Ida.

Filed Oct. 7 1922 [signature]

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 .....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

621 205 010 -624

RECEIVED
NOV 1 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106245

County of Bonneville

City of Idaho Falls

Registration District No. 3 File No.

No. St.

Primary Registration District No. 23 Registered No. 24-9

Hospital

FULL NAME OF CHILD Yatsuko Okumato

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept. 5, 22

FATHER

FULL NAME N. Okumato

RESIDENCE Idaho Falls R 2

COLOR Jap AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Japan

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Kikue Okumoto

RESIDENCE Idaho Falls R 2

COLOR Jap. AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Japan

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) John O. Mellard M.D.

Physician

(Physician or midwife)

Address Idaho Falls, Ida.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Filed Nov 7 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 17 1974

592-101-010-592

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

File No. 106246

Primary Registration District No. 214-0

Registered No. 21-2

FULL NAME OF CHILD Joseph Nishioka

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Oct. 1st 1922

FATHER		MOTHER	
FULL NAME	Ichisuke Nishioka	FULL MAIDEN NAME	Tsuru Nishioka
RESIDENCE	Idaho Falls RFD 706	RESIDENCE	Idaho Falls Box 706
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:25 a M. on the date above stated.

(Signature) Ichisuke Nishioka

Patient

(Physician or midwife)

Address Idaho Falls Idaho

Filed Oct 7 1922 [illegible] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report 19

DECEASED

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-205-010-345

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 106247

Hospital .....

Primary Registration District No. 21V-0 Registered No. 2V-7

FULL NAME OF CHILD Barbara Mildred Brausa
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Oct 1 (Day) 1922 (Year)
Female		yes	

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ralph Brausa	FULL MAIDEN NAME	Mary Cunningham
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Olney Ill.	BIRTHPLACE	Kentucky
OCCUPATION	Harness maker	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 PM M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Kennard

Physician
(Physician or midwife)

Address Idaho Falls Ida.

Filed Oct 7 1922 W. Kennard
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-223-90-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106248

County of Bonneville

City of Idaho Falls

No. ..... St. Registration District No. 73 File No. .....

Hospital ..... Primary Registration District No. 214-0 Registered No. 24-6

FULL NAME OF CHILD Velma Juanita Wright
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		yes	Jan 23rd 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Albert George Wright	FULL MAIDEN NAME	Jessie Elizabeth Stanley
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Pueblo Colorado	BIRTHPLACE	Nephi Utah
OCCUPATION	Common Labor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible], at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

[illegible]
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address [illegible]

Filed [illegible] 192 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-108-010-993

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

BUREAU OF VITAL STATISTICS

Registration District No. 73

File No. 10649

No. ..... St.

Primary Registration District No. 2170

Registered No. 216

Hospital Home

FULL NAME OF CHILD Raymond Marcus Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Sept	8	1922

	FATHER	MOTHER
FULL NAME	Albert Hy Jones	FULL MAIDEN NAME Ellen Ritter
RESIDENCE	Ucon Ida	RESIDENCE Ucon Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	England	BIRTHPLACE Illinois
OCCUPATION	Painter	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L J Simmons
midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ucon Ida

Filed Oct 11 1922 [redacted]
Registrar

..... Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

[redacted]

4 1942

753-107-010-714

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106250

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 254

FULL NAME OF CHILD Robert Lester Peterson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 7 1922

What bactericidal solution was used in eyes? ag NO 3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lester Peterson	FULL MAIDEN NAME	Mildred Gamble
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Washington (Stat)	BIRTHPLACE	Boulder Col.
OCCUPATION	Laundryman	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H D Jenkins M.D.
Physician
(Physician or midwife)

Address Idaho Falls Ida

Filed Nov. 10 1922 W Fenwick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-207: 010-295

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106251

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital Spencer

Registration District No. 78

File No. .....

Primary Registration District No. 2150

Registered No. 2473

FULL NAME OF CHILD Agnes Louise Bates

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Aug. 7 1922

FATHER	MOTHER
FULL NAME: M.P.Bates	FULL MAIDEN NAME: Agnes Sieneke
RESIDENCE: Idaho Falls, Idaho	RESIDENCE: Idaho Falls, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: LaMar Mo.	BIRTHPLACE: Reedsberg, Wis.
OCCUPATION: Insurance Agent	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) [signature]

Physician
(Physician or midwife)

Address Idaho Falls, Idaho.

Filed Oct 19 1922

[signature]
Registrar

395-222-010-666

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
NOV 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106252

County of Bonneville

City of ~~Idaho Falls~~

Registration District No. 73 File No.

No. St.

Primary Registration District No. 21V-0 Registered No. 2 V-2

Hospital

FULL NAME OF CHILD Mary Maxine Linger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	Aug. 22 1922

FATHER		MOTHER	
FULL NAME	Charles Linger	FULL MAIDEN NAME	Ethel Officer
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Lewis County, W. Virginia	BIRTHPLACE	Hillsdale, Kans.
OCCUPATION	Rancher	OCCUPATION	House keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Dr. Geo. A. Applegate

D.O.

(Physician or midwife)

Address Idaho Falls, Idaho

Filed Sept 26 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 19 1943

319.107.010-599

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R. F. D. St.

Registration District No. 73

File No. 106254

Hospital

Primary Registration District No. 2150

Registered No. 250

FULL NAME OF CHILD Harold Stanley Carlson
(Certificate of no value without [illegible]e of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept 7 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	H. E. Carlsen	FULL MAIDEN NAME	Ellen Eucksen
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Sweden	BIRTHPLACE	Ooklan Neb
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodenquist
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed Oct 1922 W. [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

NOV 13 192[illegible]

Boise, Idaho, [redacted], 1921.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Idaho Falls

Street ~~[redacted]~~ New Sweden

County Bonneville

File Number ~~[redacted]~~ 106254

Registration Dist. No. 70

Sex of Child: Male

Date of Birth Sept. 7th 1921

Father ~~Sherman H. Koplin~~ Hjalmar Edwin Carlson
Full Name

Mother Ellen Augusta Erickson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Harold Stanley Carlson
Child's Name in Full

Mrs. H. E. Carlson
Signature of Father or Mother

5 1942

FEB 0 5 1992

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

813-117.010449

PLACE OF BIRTH

RECEIVED
NOV 15 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106255

County of Bonneville

City of Idaho Falls

No. 278-2nd St.

Hospital

Registration District No. 73

Primary Registration District No. 2150

File No.

Registered No. 249

FULL NAME OF CHILD Carl Benton Hathaway, Jr.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male				Yes	Sept. 17 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME: Carl Benton Hathaway	FULL MAIDEN NAME: Violet Muir
RESIDENCE: Idaho Falls, Idaho	RESIDENCE: Idaho Falls, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Chesterfield, Idaho.
OCCUPATION: Yard Clerk O.S.L.R.R.	OCCUPATION: Housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.20 P. M. on the date above stated.

(Signature) [signature]

Physician (Physician or midwife)

Address Idaho Falls, Idaho.

Filed Sept. 20 19 22.

[signature] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-45-010-141

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 106256

No. ..... St.

Hospital .....

Primary Registration District No. 2140 Registered No. 24R

FULL NAME OF CHILD Emmett Clyde Walker

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 15 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Emmet C. Walker	FULL MAIDEN NAME	Mary Adams
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address [illegible]

Registrar

Filed Oct 11 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 10 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED DEC 26 1922 BUREAU OF VITAL STATISTICS

Place of Birth: City Idaho Falls

Street 198 Conner Ave

County Bonneville

File Number ~~9609~~ 106256

Registration Dist. No. .....

Sex of Child ~~Male~~ Male

Date of Birth Sept 15 192 2

Father Emmett C. Walker (Full Name)

Mother Mary E. Adams (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Emmett Clyde Walker
Child's Name in Full

Emmett C Walker
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

692-103-010-338

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
NOV 13 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106257

County of Bonneville

City of Idaho Falls

Registration District No. 13

File No.

No. St.

Primary Registration District No. 210

Registered No. 247

Hospital

FULL NAME OF CHILD May Fisher

Sex of Child male | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept. 3 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ira A. Fisher	FULL MAIDEN NAME	Bessie Clyne
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	white	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Indiana	COLOR	white
OCCUPATION	Hotel Owner	AGE AT LAST BIRTHDAY (Years)	35
		BIRTHPLACE	Kansas
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cullins

Physician
(Physician or midwife)

Address Idaho Falls Idaho

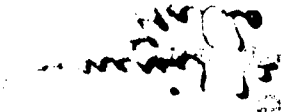
Filed Sept. 12 1922

Registrar

Given names added from a supplemental report.

19

Registrar



STATE OF IDAHO NOV 13 1922

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Idaho Falls.

Street 204 Chamberlain Ave.

County Bonneville Co.

File Number ~~9799~~ 106257

Registration Dist. No. 2.

Sex of Child ~~Female~~ Male

Date of Birth Sept 3rd 1922

Father Ira O Fraker (Full Name)

Mother Bessie Annie Fr... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

RECEIVED NOV 13 1922

Mary Fraker

Child's Name in Full

Ira O Fraker

Signature of Father or Mother

OCT 3 1966

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage id legitimacy.

It enables the Public Health Nurse to make sure the child has en protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

613-122-010-681 Name added 4-22-85 fc

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bonneville

CERTIFICATE OF BIRTH

City of Idaho Falls

Registration District No. 73 File No. 106259

No. ..... St.

Primary Registration District No. 21 - 0 Registered No. 241 -

Hospital .....

FULL NAME OF CHILD EUIL OVEDE WALKER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	7 - 22 - 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Leo Walker	FULL MAIDEN NAME	Kate Wyatt
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mississippi
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Mast

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed Sept 6 1922 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
APR 24 11 41 AM '85

State of _____ } ss.
County of _____

Certificate No. 106259
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Walker (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 22, 1922 (Date of Event)

in Idaho Falls (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Emil Ovede Walker

Subscribed and sworn to before me this 22nd day of April, 1985

Notary Public, Florence Cartright

Residing at Emmett

My commission expires 4-20-86

(Seal)

x Emil Ovede Walker
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Certificate of Blessing issued by the L. D. S. Church. This record gives name as Euil Ovede Walker born to James Leo and Kate WyattWalker Blessed Oct. 1, 1922, in L.D.S.Church.
Viewed by V. S.

Honorable Discharge issued form the U. S. Navy shows name as Euil Ovede Walker, discharged December 22, 1945.

Viewed by V.S.

U52-228.010695

RECEIVED
NOV 1[illegible] 192[illegible]
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 106260

No. ..... St.

Primary Registration District No. 2100 Registered No. 244

Hospital .....

FULL NAME OF CHILD GOLDA ETTA ~~XXXXXXXX~~ Messervy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	8 (Month) 28 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Willard Messervy	FULL MAIDEN NAME	Nora Frew
RESIDENCE	R. F. D. # 5 Idaho Falls	RESIDENCE	R. F. D. # 5 Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Mesh

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed Sept 1 - 1922 [illegible]
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No 106260
Date Filed MAR 4 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for _____ (Name on Original Certificate) who born (Was Born or Died) on Aug. 28, 1922 (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on Febr. 28, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Messervy	Golda Etta Messervy

Subscribed and sworn to before me this 28th day of Febr. 1942

W L Brownick
~~Notary Public~~, residing at

My commission expires
(Seal)

Signed Nora Frew Messervy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Idaho Falls, Rt. 2, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of Febr. 1942

W L Brownick
~~Notary Public~~, residing at

My commission expires
(Seal)

Signed Willard U. Messervy
(Signature of Any Credible Person Other Than Previous Year)

Idaho Falls, Ida. Rt. 2
(Street Address, City, State)

MAR 4 1942

MAR
OCT 4 1973
DEC 29 1980

263-10-010-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106261

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. .....

Hospital ..... Primary Registration District No. 2150 Registered No. 243

FULL NAME OF CHILD Gustav Adolph Bolinder
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Sept 1 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Albert Bolinder	FULL MAIDEN NAME	Esther Larson
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 8 P.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Soderquist
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Idaho Falls Ida

..... , 19...

Filed Sept 1 1922 [signature]
Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

283-131-010-

PLACE OF BIRT[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonville Co

City of Mylo

No. ..... St.

Hospital None

NOV 18 1922

BUREAU OF VITAL

Registration District No. 78

File No. 106262

Primary Registration District No. 2150

Registered No. 242

FULL NAME OF CHILD Loren Hanna Sylvester

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	8/31/1922

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Rowland H. Sylvester	FULL MAIDEN NAME	Mary Johnson
RESIDENCE	Mylo, Ida	RESIDENCE	Mylo, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Denver Colo	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call MD

Reg by

(Physician or midwife)

Address Ida.

Give names added from a supplemental report.

....., 19....

Registrar.

Filed Sept 21 1922 [signature]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 25 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
OCT 7 1968
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Multnomah } ss.

Certificate No. 106262

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Sylvester (Male Child) (Name on Original Certificate) who was born (Was Born or Died) on August 31, 1922 (Date of Event)
in Mylo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by baptismal record, school records (Bible Record, Insurance Policy, Etc.) prepared on 8-22-68 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Loren Hanna Sylvester

Subscribed and sworn to before me this 2 day of October 1968

Notary Public, residing at Portland, Oregon

My commission expires Dec. 9, 1969

(Seal)

Signed Howard W. Sylvester, witness Helen R Sylvester
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6814 N. Haight St., Portland, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of October 19 68

Notary Public, residing at Portland, Oregon

My commission expires September 5, 1972

(Seal)

Signed Frank Lawn
(Signature of Any Credible Person)

2665 N.W. 111th, Portland, Oregon
(Street Address, City, State)

FORM DH 60-156 CL 7-31-68. nm

Certificate of Baptism, May 3, 1930, gives name as Loren Hanna Sylvester, Child of Rowland Sylvester and Anna Johnson, born [redacted] August 30, 1923, Church of Cathedral of the Immaculate Conception - viewed by VS.

OCT 21 1968

Public School Statement, from William R. Gray, Principal, states "According to our records, Loren Hanna Sylvester entered Washington High School in the spring of 1937, and graduated as a Veteran student in January, 1946. He is listed as born at Rigby, Idaho on August 30, 1923." - viewed by VS.

995-228-010-255

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 10 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 106263

No. ..... St.

Hospital General

Primary Registration District No. 2150 Registered No. 241

FULL NAME OF CHILD Martha Rose Rivette

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	Girl Boy	Yes	July (Month) 28 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Francis Peter Rivette	FULL MAIDEN NAME	Ellen Kenner
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	New York State	BIRTHPLACE	Ireland
OCCUPATION	Auto Topper Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:10 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed Aug 5 1922 [signature]
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

NOV 3 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance that we have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED
MAR 26 1923
BUREAU OF VITAL STATISTICS

Place of Birth: City Idaho Falls; Street 756½ K; County Bonneville

File Number 106263

Registration Dist. No. .....

Twins Sex of Child Male & Female

Date of Birth July 2 E. 192 2

Father Peter Francis Rivette (Full Name) Mother Ellen Teresa Kenny (Full Maiden Name)

I HEREBY CERTIFY that the Twins described herein has been named:

Boy Martin Paul Girl Martha Rose Rivette
Child's Name in Full

Peter Francis Rivette
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

995-128-010-255

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF ID[redacted]
BUREAU OF VITAL STATISTICS

County of Bonneville

CERTIFICATE OF BIRTH

City of Idaho Falls

Registration District No. 73 File No. 106264

No. ..... St.

Hospital General

Primary Registration District No. 21V-0 Registered No. 246

FULL NAME OF CHILD Martin Paul Rivett

Sex of Child Male ~~Female~~ | Twin ~~Triplet or other?~~ and Number in order of birth Girl Boy | Legitimate? Yes | Date of Birth July 28 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Francis Peter Rivett	FULL MAIDEN NAME	Ellen Kenny
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	New York State	BIRTHPLACE	Ireland
OCCUPATION	Auto Topper - Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 A.M., at 1st A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Aug 5 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1941

819-118-010-719 CHILD'S SURNAME, FATHER'S SURNAME, & MOTHER'S MAIDEN SURNAME AMENDED 4-5-2010 CMW

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED DEC 8 192

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. RFD #2 St.

Registration District No. 73 File No. 106265

Hospital

Primary Registration District No. 2140 Registered No. 264

FULL NAME OF CHILD Floyd Wayne Haroldson HAROLDSEN

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	10 (Month) - 18 (Day) - 1922 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Reuben Haroldson HAROLDSEN	FULL MAIDEN NAME	Mary V Gardner GARDNER
RESIDENCE	R. F. D. #2 Idaho Falls	RESIDENCE	R. F. D. #2 Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Neon, Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:20 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. West

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls, Idaho

Registrar

Filed 4/3 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, [illegible] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: R.R. 2

County: Bonneville

File Number: 106265

Registration Dist. No.: 16

Sex of Child: Male

Date of Birth: October 18 1922

Father: Reuben Haroldsen (Full Name)

Mother: Mary Viola Gardner (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Floyd Wayne Haroldsen

Child's Name in Full

Mrs. Reuben Haroldsen

Signature of Father or Mother

APR 7 1970

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MAR 2 3 2010

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Oregon
County of Lincoln } SS

Certificate No. 1922-106265

Date Filed 12/08/1922

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)

for Floyd Wayne Haroldson (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10/18/1922 (Date of Event)

in Idaho Falls (Bonneville Co), Id. (Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's surname	Haroldson	Haroldsen
father's surname	Haroldson	Haroldsen
mother's maiden surname	Gardiner	Gardner

Subscribed and sworn to before me this 26 day of March, 2010

Notary Public, Stephanie K Smith

Residing at

My commission expires 10-22-2011
(Seal)

Floyd Wayne Haroldsen
Signature of Applicant

313 NW 19th St. Newport OR 97365
Street Address, City, State and Zip

OFFICIAL SEAL
STEPHANIE K SMITH
NOTARY PUBLIC-OREGON
COMMISSION NO. 420733
MY COMMISSION EXPIRES OCTOBER 22, 2011

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)

(Is not necessary ☒)

State of
County of } SS

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of

Notary Public,

Residing at

My commission expires
(Seal)

Signature of Applicant

Street Address, City, State and Zip

December 22, 2009 LDS CERTIFICATE OF BLESSING FLOYD WAYNE HAROLDSEN SON OF REUBEN & MARY V. GARDNER BLESSED 10-18-1922 VIEWED BY VS
IDAHO MARRIAGE CERTIFICATE FLOYD WAYNE HAROLDSEN & LILA LARAE FIFE MARRIED 5-25-1942 IN THE PRESENCE OF REUBEN HAROLDSEN VIEWED BY VS
IDAHO BIRTH CERTIFICATE #1915-335997 DONOVAN HOWARD HAROLDSEN BORN 9-8-1915 TO MARY VIOLA GARDNER & REUBEN HAROLDSEN VIEWED BY VS

849-231-010-269

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. RFD #3 St.

Hospital

Registration District No. 73

Primary Registration District No. 21 V-0

File No. 106266

Registered No. 26 V-

FULL NAME OF CHILD Golda Fern Quinton

Sex of Child Female Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 10 (Month) 31 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Alfred J Quinton	FULL MAIDEN NAME	Ella Sorenson
RESIDENCE	R.F.D #3 Idaho Falls	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Mest

MD.

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

19

Registrar

Filed 11/3 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Statement from Gordon E. Birch, Ward Clerk, Idaho Falls Eleventh Ward Bishopric, Ammon Stake, Idaho-Falls, Idaho - gives full name as Golda Fern Quinton Covert, born Oct. 31, 1922 at Idaho Falls, Idaho to Alfred J. Quinton and Ella T. Sorensen, Blessed-June 7, 1923 - Baptized Dec. 21, 1930 and Married to Oren Covert Nov. 10, 1937 - viewed by V.S. Cert. Copy of Marriage License Affidavit, State of Idaho, County

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 25 1963
Bureau of Vital Statistics

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 106266
County of Bingham } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Quinton (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 31, 1922 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on [illegible] (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Golda Fern Quinton

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed Alfred James Quinton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible] }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed Florence E. Quinton
(Signature of Any Credible Person)

910 Bannock ave Idaho Falls
(Street Address, City, State)

FORM DH 60-155 CL 7-10-63. nm

SEP 27 1963

.142-204-010 593

Amended 12-4-61 (Be sure the information is complete and accurate)

State File No. 106267

Local Reg. No. 266

Reg. Dist. No. 73

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Merlene b. (Middle): c. (Last): Austin

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Oct. (Day) 4, (Year) 1922

FATHER OF CHILD

7. FULL NAME a. (First): Victor b. (Middle): c. (Last): Austin

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Lehi, Utah

11a. USUAL OCCUPATION: Banker

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Olive b. (Middle): M. c. (Last): Ercanbrack

13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Goshen, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: H. D. Junkins

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Idaho Falls, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 11/9/1922

20. REGISTRAR'S SIGNATURE: W. Kinnaird

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

dence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:

Form DPH-48001

child. Address correspon

22a. LENGTH OF PREGNANCY WEEKS	22b. WEIGHT AT BIRTH LBS. OZS.	23. Was a standard serological test for syphilis performed? YES ☐ NO ☐

Approximate date.....

Name prophylactic used to prevent Ophthalmia Neonatorum.....$AgNO_3$ Sol 1%

L.D.S. Church Family Record of Membership, has not been dated or signed by a church official - gives full name as Merlene Austin White, born Oct. 4, 1922 at Idaho Falls, Idaho-Bonneville County to Victor Austin and Olive Ercanbeck - Blessed Dec. 3, 1922; Baptized and Confirmed June 21, 1931 - husband's name is given as Harold Edward White, married Dec. 28, 1941 at Salt Lake City, Utah - children's names are given as Richard Austin White, born July 15, 1946 at Washington D.C. and Ronald Edward White, born April 23, 1950 at Burbank, California - viewed by V.S. no doc. required to make corr.

AFFIDAVIT TO CORRECT ORIGINAL CERTIFICATE OF BIRTH.

STATE OF UTAH)
) ss
County of Salt Lake)

The undersigned being duly sworn upon oath, deposes and says as follows:

That she is the aunt of MERLENE AUSTIN WHITE, being the sister of Olive M. Ercanbrack Austin, mother of said MERLENE AUSTIN WHITE; that affiant knows of her own knowledge that affiant's niece MERLENE AUSTIN WHITE was born of female sex on October 4, 1922, in Idaho Falls, Idaho.

Further that affiant is in excess of twenty years older than MERLENE AUSTIN WHITE.

Affiant is further aware of the fact that through mistake made by a doctor delivering affiant's niece, that the sex of said daughter of Victor Austin and Olive M. Ercanbrack Austin was listed as male wherein said certificate should read the sex to be female.

Further affiant sayeth not.

Myrtle Austin
MYRTLE AUSTIN

Sworn and subscribed to before me this 24 day of November, 1961.

Edw I Vetter
Notary Public in and for said Salt Lake County and State of Utah
commission expire 11-27-62

AFFIDAVIT TO CORRECT ORIGINAL CERTIFICATE OF BIRTH.

STATE OF UTAH)
) ss
County of Salt Lake)

The undersigned being duly sworn upon oath, deposes and says as follows:

That she is the aunt of MERLENE AUSTIN WHITE, being the sister of Olive M. Ercanbrack Austin, mother of said MERLENE AUSTIN WHITE; that affiant knows of her own knowledge that affiant's niece MERLENE AUSTIN WHITE was born of female sex on October 4, ~~1922,~~ in Idaho Falls, Idaho.

Further that affiant is in excess of twenty years older than MERLENE AUSTIN WHITE.

Affiant is further aware of the fact that through mistake made by the doctor delivering affiant's niece, that the sex of said daughter of Victor Austin and Olive M. Ercanbrack Austin was listed as male wherein said certificate should read the sex to be female.

Further affiant sayeth not.

Arvilla L. Vetter
ARVILLA VETTER
Also known as Arvilla Vetter

Sworn and subscribed to before me this 24 day of November, 1961.

Edwd Vetter
Notary Public in and for said County Salt Lake and State of Utah

Commission expires 11-27-62

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

391-122-010 612

County of Bonneville DEC 6

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106268

Registration District No. 73 File No. .....

Primary Registration District No. 2140 Registered No. 267

FULL NAME OF CHILD Richard Wakeman Crabtree
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 22 (Year) 1922
Male		Yes	

What bactericidal solution was used in eyes? Ag No 3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Glen Blair Crabtree	FULL MAIDEN NAME	Addie Wakeman
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho Falls	BIRTHPLACE	Idaho Falls Id.
OCCUPATION	Dentist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H D Jenkins

M.D.
(Physician or midwife)

Address Idaho Falls Id.

Filed 11/7 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

JUL 14 1942

819-105-010-754

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

DEC 6 1922

BUREAU OF VITAL STATISTICS

No. ..... St. Registration District No. 73 File No. 106269

Hospital ..... Primary Registration District No. 2100 Registered No. 268

FULL NAME OF CHILD ANTON DALE HARTWELL
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Nov 5 1922

What bactericidal solution was used in eyes? Ag no 3 1%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	W. A. Hartwell	FULL MAIDEN NAME	Amelia B. N. Pederson
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Harrisgrove Id.	BIRTHPLACE	Salem Id.
OCCUPATION	Farmer	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. D. Hartwell
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Idaho Falls Id.

Filed 11/9 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bonneville } ss.

Certificate No. 106269

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Anton Dale Hartwell (Name on Original Certificate) who Born (Was Born or Died) on October 5 1923 (Date of Event)
in Idaho Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Anton Dale Hartwell
~~Birth Date~~	~~1922~~	~~1923~~

Subscribed and sworn to before me this 21st day of February, 1942.

Notary Public, residing at Idaho Falls, Idaho

My commission expires Sept. 20 1945
(Seal)

Signed Amalia M Hartwell Bigler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

740-2-St Idaho Falls Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of February, 1942.

Notary Public, residing at Idaho Falls, Idaho

My commission expires Sept. 20, 1945
(Seal)

Signed Mrs. I. A. Prestgard
(Signature of Any Credible Person Other Than Previous Year)

216-7th Street Idaho Falls Idaho
(Street Address, City, State)

1927

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

195-219-010-384

County of Bonneville

City of Idaho Falls

No. Boulevard & Cedar St.

Hospital Spencer

Form V. S. No. 11-C—25m-0-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73

Primary Registration District No. 21-V-0

File No. 106270

Registered No. 269

FULL NAME OF CHILD Ruth L. Arnold

Sex of Child	Twin—Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3	yes	Aug. 17 1922

FATHER	MOTHER
FULL NAME: Harry W. Arnold	FULL MAIDEN NAME: Harriet Churchill
RESIDENCE: Idaho Falls	RESIDENCE: Idaho Falls
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Chenoa Illinois	BIRTHPLACE: Chenoa Illinois
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 2 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Physician

(Physician or midwife)

Address [illegible]

Given names added from a supplemental report.

.....19.....

Registrar

Filed 11/14 19 22 [illegible]

Registrar

APR 2 1 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
DEC 8 1922
BUR[illegible]TAL

PLACE OF BIRTH 942-223-010-791

County of Bonneville

City of Idaho Falls

No. Blvd & Cedar St.

Hospital Spencer

Registration District No. [illegible]

File No. 106271

Primary Registration District No. 2.14-0

Registered No. 270

FULL NAME OF CHILD Lillian Carma Russell

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Aug. 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lloyd Richard Russell	FULL MAIDEN NAME	Virginia Grace Peterson
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Eaton, Colorada.	BIRTHPLACE	Idaho Falls, Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 18 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

19

Registrar

Filed 11/14 1922 [signature]

Registrar

RECEIVED
FEB 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

NOV 3 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: .....

County: Bonneville

File Number: 106271

Registration Dist. No.: 73

Sex of Child: Female

Date of Birth: Aug. 23 192 2

Father: Lloyd Richard Russell (Full Name)

Mother: Virginia Grace Peterson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lillian Carma Russell
Child's Name in Full

Mrs. Virginia G. Russell
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH 364-186-010-396

County of Bonneville

City of Idaho Falls

No. Blvd & Cedar

Hospital Spencer

Registration District No. 73

Primary Registration District No. 2150

File No. 106272

Registered No. 271

FULL NAME OF CHILD Orlin Allen Coughlin

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept. 6 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orlin Harry Coughlin	FULL MAIDEN NAME	Edith May Crook
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	—, Kansas.	BIRTHPLACE	Jefferson City, Missouri
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kimmins

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

19

Registrar

Filed 11/14 1922 Wm Kimmins

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

165-18-010-851

County of Jefferson

City of Idaho Falls

No. Blvd & Cedars St.

Hospital Spencer

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 73

File No. 106273

Primary Registration District No. 210

Registered No. 272

FULL NAME OF CHILD .... GOLDEN JONES

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Aug 28 1922

FATHER		MOTHER	
FULL NAME	Reuben Jones	FULL MAIDEN NAME	Lois Yeaman
RESIDENCE	Irwin, Idaho	RESIDENCE	Irwin, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Riverdale, Utah	BIRTHPLACE	Downey, Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 11-20 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Spencer M.D.

M.D. (Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed 11/14 1922 [illegible] Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 106273

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH/DEATH) for unnamed Jones (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 28th 1922 (DATE OF EVENT) in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Oct 1st, 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Golden Jones

Subscribed and sworn to before me this 30 day of March, 19 42

Notary Public, residing at Rigby, Idaho.

My commission expires November 9th, 1942.

(SEAL)

Signed Reuen Jones Father.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rigby, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of March, 19 42

Notary Public, residing at Rigby, Idaho.

My commission expires November 9th, 1942.

(SEAL)

Signed E. K. Jones
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rigby, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 3 1 1942

NOV 30 1950

JUN

693-214-010-819

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106274

County of Bonneville

City of Idaho Falls

No. Blvd + Cedar St.

Hospital Spencer

Registration District No. 73 File No.

Primary Registration District No. 2140 Registered No. 273

FULL NAME OF CHILD Margaret Isabelle Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 14 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Richard Sheridan Wilson	FULL MAIDEN NAME Margaret Hope Hart
RESIDENCE Idaho Falls, Idaho.	RESIDENCE Idaho Falls, Ida.
COLOR White AGE AT LAST BIRTHDAY 27 (Years)	COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Washington, Iowa	BIRTHPLACE Chippewa Falls, Wis
OCCUPATION Inspector for In. Co.	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida

Registrar

Filed 11/14 1922 W Kennard Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

Registration District No. ..... File No. 1943

JAN 28 1943

Registered No.

JUN 16

155-115-010-437

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Blvd + Cedar St.

Hospital Spencer

Registration District No. 73 File No. 106275

Primary Registration District No. 2110 Registered No. 274

FULL NAME OF CHILD Bernard Jeremiah Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Christian Jensen	FULL MAIDEN NAME	Maggie McGahan
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Payson, Utah
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch M.D.
(Physician or midwife)

Given names added from a supplemental report.

____ 19__

Address Idaho Falls Idaho

Registrar

Filed 11/14 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1942

255-110-010-362

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106276

County of Bonneville

City of Idaho Falls

No. Blvd & Cedar St.

Hospital Spencer

Registration District No. 73 File No.

Primary Registration District No. 2107 Registered No. 275

FULL NAME OF CHILD William Allen Bennett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Mar. 10 1922

FATHER		MOTHER	
FULL NAME	Ted Sullivan Bennett	FULL MAIDEN NAME	Ruby Amy Loberding
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Linn, Kansas.	BIRTHPLACE	Hanover, Kansas
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch M D
(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Idaho Falls Ida

Registrar

Filed 11/14 1922 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 30 '42

419-226-010-144

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bonneville

RECEIVED DEC 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Idaho Falls

Registration District No. 73 File No. 106277

No. _____ St.

Primary Registration District No. 2140 Registered No. 276

Hospital Spencer

FULL NAME OF CHILD

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 1 (Month) 26 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Fenner Allen Marlor	FULL MAIDEN NAME	Margaret Judd
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	?	BIRTHPLACE	?
OCCUPATION	Grocery clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch M D

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Ida

Filed 11/14 1922 A Kimmond

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

458-217-010-314

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED DEC 8 1922

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Blvd & Cedar St.

Hospital Spencer

Registration District No. 73 File No. 106278

Primary Registration District No. 2140 Registered No. 277

FULL NAME OF CHILD June Eveline Dey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	2 (Month) 17 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Robert John Dey	FULL MAIDEN NAME Gertrude Campbell
RESIDENCE Idaho Falls, Ida.	RESIDENCE Idaho Falls, Ida.
COLOR White AGE AT LAST BIRTHDAY 43 (Years)	COLOR White AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE Montreal, Canada	BIRTHPLACE Montreal, Canada
OCCUPATION Machinist	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch M D
(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Ida

Filed 11/14 1922 A Kissand
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 195?

JAN 27 1960

MAR 31 1954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

817206.010-125

PLACE OF BIRTH

RECEIVED DEC 8 1922

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

Registration District No. 73

File No. 106280

No. ..... St.

Primary Registration District No. 21N-0

Registered No. 279

Hospital .....

FULL NAME OF CHILD ... Edna Haga

Sex of Child: Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth: Nov. 6 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Seiji Haga	FULL MAIDEN NAME: Iyo Akenia
RESIDENCE: Ucon Ida	RESIDENCE: Ucon Ida
COLOR: Japanese	COLOR: Japanese
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Japan	BIRTHPLACE: Japan
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4 ... Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Alive ..... at 4:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Simmons

M.D.
(Physician or midwife)

Address Ucon Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11/17 1922 W. Simmons Registrar

366-102-010-819

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED DEC 8 1922 BUR

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 106281

No. ..... St.

Primary Registration District No. 2140 Registered No. 240

Hospital .....

FULL NAME OF CHILD Darrell Lewis Cook

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	Oct (Month) 2 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Cook	FULL MAIDEN NAME	Anna Haroldson
RESIDENCE	R.F.D #5 Idaho Falls	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Wash

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed 11/18 1922 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 6 1944

JAN 24 1945

JUL 26 1944

DECEASED

789-121-010-763

PLACE OF BIRTH RECEIVED

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 106282

No. ..... St.

Primary Registration District No. 2140 Registered No. 281

Hospital .....

FULL NAME OF CHILD Richard Poll Phillips

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Sept (Month) 21 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Milton Phillips	FULL MAIDEN NAME	Louie Poll
RESIDENCE	R. F. D. #2 Idaho Falls	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nevin, Ida.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Mast

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Registrar

Filed 11/1 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

753-124-010-156

PLACE OF BIRTH

RECEIV... DEC ... BU...

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 73 File No. 106283

Primary Registration District No. 2100 Registered No. 282

FULL NAME OF CHILD Von Leroy Peterson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Sept (Month) 24 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Peterson	FULL MAIDEN NAME	Florence Jeffs
RESIDENCE	Rigby, R.F.D #2	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Wirst

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Registrar

Filed 11/18 1922 C. Kennedy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 106283

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Von Leroy Peterson (Name on Original Certificate) who Born (Was Born or Died) on 24 September 1922 (Date of Event)
in Garfield Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on 5 Nov 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Von Leroy Peterson

Subscribed and sworn to before me this 24
day of December, 1943

John R Thurston
Notary Public, residing at Jerome Idaho.
My commission expires Feb 15, 1946
(Seal)

Signed John Henry Peterson Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24
day of December, 1943

John R Thurston
Notary Public, residing at Jerome Idaho.
My commission expires Feb 15, 1946.
(Seal)

Signed Lloyd Peterson
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

DEC 29 1943

JAN 4 1944

355-103-010-843

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED DEC 8 1922 BUREAU

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 106284

No. ..... St.

Primary Registration District No. 2140 Registered No. 283

Hospital .....

FULL NAME OF CHILD Lee

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Sept (Month) 3 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nels Lee	FULL MAIDEN NAME	Laura Helmandollar
RESIDENCE	R ~~F~~ #3 Idaho Falls	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Lewiston Ut
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Wood

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Registrar

Filed 11/18 1922 [signature]

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-124-010-289 name added 4-17-86 dl

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED DEC 8 1922 BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

Registration District No. 73 File No. 106285

No. ..... St.

Primary Registration District No. 2147 Registered No. 284

Hospital .....

FULL NAME OF CHILD Ralph Jay Farnsworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept (Month) 24 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ralph Farnsworth	FULL MAIDEN NAME	Hilda Byran
RESIDENCE	Ucon, Ida.	RESIDENCE	Ucon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M West

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Registrar

Filed 11/14 1922 A Kimmerst
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-10-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

APR 16 1986

State of _____ } ss. Bure
County of _____

Certificate No. 106285
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Farnsworth (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 24, 1922 (Date of Event)

in Ucon (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ralph Jay Farnsworth

Subscribed and sworn to before me this 11 day of April, 1986.

Notary Public, Larry G. Summers
Residing at 1110 Eastern ave
My commission expires 8-13-91
(Seal)

x Nellie Taylor
Signature of Applicant

x Louise David
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1cc credit

Certificate of Ordination from LDS Church gives Ralph Jay Farnworth was ordained a Deacon on Oct 21, 1934. Viewed by V.S.

APR 17 1986

Baptism record from LDS Church gives Ralph Jay Farnsworth son of Ralph W Farswort and Hilda Byram born Sept 24, 1922 at Ucon was baptised APRIL 19, 1931. Viewed by V.S.

415-107-010-156

name added 1/15/80

RECEIV
DEC 8
BUREA
STA

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73 File No. 106286

Primary Registration District No. 2147 Registered No. 285

FULL NAME OF CHILD Earl Raymond Danielson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Sept (Month) 7 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	D. E. Danielson	FULL MAIDEN NAME	Emma Jeffs
RESIDENCE	Ucon, Ida	RESIDENCE	Ucon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls

Registrar

Filed 11/18 1922 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-2-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 18 12 47 PM '79

State of Idaho
County of Bonn. } ss.

Certificate No. 106286
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Danielson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 7, 1922 (Date of Event)

in Ucon (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs Name	Omitted	Earl Raymond Danielson

Subscribed and sworn to before me this 12 day of Dec 19 79

Notary Public, Barbara R. Chandler Jr
Residing at Idaho Falls Idaho
My commission expires Lifetime
(Seal)

Earl R. Danielson
Signature of Applicant

711 Saturn ave.
Street Address, City, State
Idaho Falls, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Honorable Discharege from the US Army gives name as Earl R. Danielson born Sept. 7, 1922 ay Garfield, Idaho. dated Noc 23, 1945. vieed by V. S.

Certif of Blessing from the LDS Churd gives nameas Earl Raymond Samuelson son of D. Eurch Danielsona andEmma Elizabeth Jeffs. born Sept 7, 1922 at Garfield, Idaho. Blessed Nov 5, 1922. viewed by V. S.

155-212-010-294

RECEIVED DEC 0 192 BUREAU OF STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73 File No. 106287

Primary Registration District No. 214-0 Registered No. 286

FULL NAME OF CHILD Jensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Sept (Month) 12 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alma Jensen	FULL MAIDEN NAME	Emma R Simmons
RESIDENCE	Ucon, Ida.	RESIDENCE	Ucon, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Nash MD

MD

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address J W Idaho Falls

Filed 11/10 1922 C W Kimmons

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-201-010-295

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

DEC 8 1922

CERTIFICATE OF BIRTH

106288

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 214-0

Registered No. 247

Hospital

FULL NAME OF CHILD LaRUE Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Oct 1, 1922

FATHER		MOTHER	
FULL NAME	Lyle Anderson	FULL MAIDEN NAME	Bulla Quigley
RESIDENCE	R. 7, B. 43 Idaho Falls	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Georgia
OCCUPATION	Farmer	OCCUPATION	Ht Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12140 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

MD

(Physician or midwife)

Address Idaho Falls

Given names added from a supplemental report.

19

Registrar

Filed 11/14 19 22

[signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 106288

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for LaRue Anderson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 1, 1922 (DATE OF EVENT)
in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by insurance policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	LaRue Anderson

Subscribed and sworn to before me this 24th
day of November, 1942

[illegible] CLERK OF THE DISTRICT COURT

Notary Public, residing at Idaho Falls, Idaho

My commission expires

By Lulu Talley Deputy

(SEAL)

Signed Lyle M. Anderson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Route #3, Idaho Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of November, 1942

[illegible] CLERK OF THE DISTRICT COURT

Notary Public, residing at Idaho Falls, Idaho

My commission expires

By Lulu Talley Deputy

(SEAL)

Signed Beulah Anderson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Route #3, Idaho Falls, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

DEC 5 1942

NOV 21 1944

893-128-010-789

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville RECEIVED DEC 8 1922

City of Idaho Falls

Registration District No. 73 File No. 106289

No. St.

Primary Registration District No. 2 V-0 Registered No. 288

Hospital

FULL NAME OF CHILD Joseph Samuel Hill

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Sept (Month) 28 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sam Hill	FULL MAIDEN NAME	Percilla Philips
RESIDENCE	R. F. D #2 Idaho Falls	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:35 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Nest

MD (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls

Registrar

Filed 11/18 1922 W Fairmount Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 106289

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Joseph Samuel Hill (Name on Original Certificate) who born (Was Born or Died) on September 28, 1922 (Date of Event)
in Idaho Falls, Idaho Rt 2 (Place of Event) or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on Nov. 5, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Joseph Samuel Hill

Subscribed and sworn to before me this 19th day of August, 1944

J. Arthur K. Miller
Notary Public, residing at Ucon, Idaho
My commission expires April 13, 1946
(Seal)

Signed Priscilla Phillips Hill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Ucon Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit **MUST** Also be Executed: (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of August, 1944

J. Arthur K. Miller
Notary Public, residing at Ucon, Idaho
My commission expires April 13, 1946
(Seal)

Signed David A. Jenkins
(Signature of Any Credible Person)

(Street Address, City, State)
Ucon, Idaho

JUN 28 1944

369-105-010-389

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED DEC 8 1922

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 106290

No. ..... St.

Primary Registration District No. 21 V-0

Registered No. 289

Hospital .....

FULL NAME OF CHILD Verl Jay Lords

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Sept (Month) 5 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J Alvin Lords	FULL MAIDEN NAME	Bertha Christensen
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Wrest

M.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Registrar

Filed 11/18 1922 C Kennison

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Fremont } ss.

Certificate No. 106290
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)
for Verl J. Lords (Name on original certificate) who born (Was born or died) on Sept 5 1927 (Date of event)
in Idaho Falls Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Lords	Verl Jay Lords

Subscribed and sworn to before me this 24 =
day of November, 19 41
Postmaster
Notary Public, residing at St Anthony Idaho
My commission expires Jan 18 = 1945
[SEAL]

Signed J A Lords
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Ashton. Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 =
day of November, 19 41
Postmaster
Notary Public, residing at St Anthony Idaho
My commission expires Jan 18 = 1945
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
H. J. Humphreys
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

249-114-010-997

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 8 1922

CERTIFICATE OF BIRTH

County of Bonneville

City of Rigby, Idaho

No. RFD#1 St.

Registration District No. 73 File No. 106291

Hospital

Primary Registration District No. 2[illegible]0 Registered No. 290

FULL NAME OF CHILD ~~Boyd~~ Smith DAYLE RIGBY SMITH

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	10 (Month) 14 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Monty R. Smith	FULL MAIDEN NAME	Letha Rigby
RESIDENCE	Rigby, Ida R. 1	RESIDENCE	Route 1 Rigby, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Heber City, Utah	BIRTHPLACE	Driggs, Idaho
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

MD
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

19

Registrar

Filed 11/14 1922 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3 1952

SEP 4 1952

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }ss.
County of _____ }

Certificate No. 106291

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Babe Smith	Dayle Rigby Smith
birthdate	Oct. 18, 1922	Oct. 14, 1922

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 1 1965

FEB 1 [illegible]

SEP 5 1952

SEP 3 1952

SEP 4 1952

154-217-010-449

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 106292

No. ..... St.

Primary Registration District No. 2 1 0 Registered No. 291

Hospital .....

FULL NAME OF CHILD BETTY JEAN ANDERSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 17 1922

FATHER	MOTHER
FULL NAME Henry J. Anderson	FULL MAIDEN NAME Margaret Mair
RESIDENCE Idaho Falls.	RESIDENCE Idaho Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Illinois
OCCUPATION Stockman	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) .....

Physician
(Physician or midwife)

Address Idaho Falls Ida

Filed Oct 18 1922

Registrar.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 3 1945

STATE OF IDAHO

DEPARTMENT ~~OF PUB~~LIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss. MAY 19 1945 Certificate No. 106292

County of Bonneville } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Margaret K. Anderson (Birth or Death)

for Betty Jean Anderson (Name on Original Certificate) who was born (Was Born or Died) on Oct. 17th, 1922, (Date of Event)

in Idaho Falls, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Anderson	Betty Jean Anderson

Subscribed and sworn to before me this 17th day of May, 1945

Louise Keefer

Notary Public, residing at Idaho Falls, Ida.

My commission expires March 12, 1947.

(Seal)

Signed Margaret K. Anderson, Mother.

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

325 Cliff St., Idaho Falls, Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.

County of Bonneville }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of May, 1945

Otto McCuphron

Notary Public, residing at Idaho Falls, Ida.

My commission expires April 24, 1947.

(Seal)

Signed Louise Keefer

(Signature of Any Credible Person)

311 N. Ridge Ave., Idaho Falls, Idaho.

(Street Address, City, State)

MAY 2 3 1945

753-113-010-918

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

RECEIVED DEC 6 1922 BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106293

Registration District No. 73 File No. .....

Primary Registration District No. 2170 Registered No. 292

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 13 192x

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edwin Peterson	Velma Raynolds
RESIDENCE	Idaho Falls Ida	Idaho Falls Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Blackmer Falls Mis	Springfield Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O E Rogers

Phys.

(Physician or midwife)

Address Idaho Falls Ida

Filed Dec 11 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-212-010-613

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

RECEIVED DEC 1922 BUR.

Form V. S. No. 11-C—25m-8-22

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106294

Registration District No. 13

File No. .....

Primary Registration District No. 212-2

Registered No. 293

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 14 1922

FATHER		MOTHER	
FULL NAME	Eugene M Baird	FULL MAIDEN NAME	Geneva Wallenstein
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ozark Mo	BIRTHPLACE	Iowa
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7.30 a. M. on the date above stated.

(Signature) E Rogers

Phy (Physician or midwife)

Address Idaho Falls Ida

Filed Oct 19 1922 [signature] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 3 1975

713-105-010-212

Form V. S. No. 11-C—20m-8-22

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED DEC 8 1922

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 106295

No. St.

Primary Registration District No. 210 Registered No. 294

Hospital

FULL NAME OF CHILD Roland Montague Patterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 5 22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harold Earl Patterson	Minnie Baker
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	19	17
BIRTHPLACE	Ogden Utah	Irwin Ida
OCCUPATION	U S L Co Clerk	housewife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) C E Rogers

Physician
(Physician or midwife)

Address Idaho Falls Ida.

Filed Dec 14 1922 C E Peterson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep of 1922 - 296410

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Idaho Falls BURE Registration District No. 73 File No. 106296

No. ..... St. Primary Registration District No. 2140 Registered No. 297

Hospital Kettinring Sam

FULL NAME OF CHILD Mary Ann Beatrice Albertson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Nov 24 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Francis Annis Albertson	FULL MAIDEN NAME	Marguerite Robertson
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Grant Ida	BIRTHPLACE	Spanish Fork U
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Rogers DO

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls

Filed 12/4 1922 [signature] Registrar

Registrar

K

191-225-010-964

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 13th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 106297

Primary Registration District No. 2150 Registered No. 296

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov. 25 1922

FATHER	MOTHER
FULL NAME: Howard Arave	FULL MAIDEN NAME: Sarah Rounds
RESIDENCE: Idaho Falls, Idaho.	RESIDENCE: Idaho Falls, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Blackfoot, Idaho.	BIRTHPLACE: Iona, Idaho.
OCCUPATION: Laborer	OCCUPATION: Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) [signature]

Physician
(Physician or midwife)

Address Idaho Falls, Idaho.

Filed Dec 1 19 22 [signature]
Registrar

19

Registrar

~~437229~~ 010-665

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73 File No. 106298

Primary Registration District No. 2150 Registered No. 297

FULL NAME OF CHILD Harriet Owen McCurdy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov. 29 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Charles Albert McCurdy	FULL MAIDEN NAME Martha Owen
RESIDENCE Idaho Falls, Idaho.	RESIDENCE Idaho Falls, Idaho.
COLOR White AGE AT LAST BIRTHDAY 38 (Years)	COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Idaho Falls, Idaho.
OCCUPATION Farming	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho.

Filed Dec 5 1922 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1953

NOV 8 1943

33-223.010-614

PLACE OF BIRTH

REC'D DEC 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls — Registration District No. 73 — File No. 106299

No. ____ St. — Primary Registration District No. 2150 — Registered No. 294

Hospital ____

FULL NAME OF CHILD AFTON BERNICE CLARK

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Nov. 23 1922

FATHER	MOTHER
FULL NAME: Henry Clark	FULL MAIDEN NAME: Lydia Wadsworth
RESIDENCE: Idaho Falls, Idaho.	RESIDENCE: Idaho Falls, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 40 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewirk

Number of child of this mother, including present birth 9 — Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

(Signature) [signature]

Physician (Physician or midwife)

Address Idaho Falls, Idaho.

Filed Nov. 24 1922

[signature] Registrar

[signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 106299

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Afton Bernice Clark who was Born on Nov. 23, 1923
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Idaho Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Home record prepared on Nov. 24, 1923, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Afton Bernice Clark

Subscribed and sworn to before me this 10
day of November, 1942

Notary Public, residing at Idaho Falls, Ida

My commission expires May 9- 1943
(Seal)

Signed Mrs. Idenney Clark
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

650 East 10th St. Idaho Falls. Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of November, 1942

Notary Public, residing at Idaho Falls. Ida

My commission expires May 9-1943
(Seal)

Signed Laura [illegible]
(Signature of Any Credible Person Other Than Previous Year)

650 East 10th Idaho Falls. Ida
(Street Address, City, State)

NOV 17 1942

515-220-010-695

PLACE OF BIRTH

RECEIVED DEC 8 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

106300

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Hospital

Primary Registration District No. 2150

Registered No. 299

FULL NAME OF CHILD BONNIE MARIE VAN DORN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Nov. 20 1922

FATHER	MOTHER
FULL NAME: Chas. Van Dorn	FULL MAIDEN NAME: Bertha Orvis
RESIDENCE: Swan Valley, Idaho.	RESIDENCE: Swan Valley, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 54 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Montana	BIRTHPLACE: Canada
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed Nov. 22 1922

[signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 106300

State of ..... } ss.

County of ..... }

APR 5 1943

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Bonnie Marie VanDorn

Subscribed ~~and~~ sworn to before me this 26

day of March, 1943

Jimmy B. Wilson

Notary Public, residing at Idaho Falls Idaho

My commission expires 4-10-[illegible]

(Seal)

Signed Bertha Orthis Van Dorn

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person Other Than Previous Year)

.....

(Street Address, City, State)

APR 6 1943

791-114-010-215

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 1st St.

Hospital

RECE[illegible]
DEC [illegible]
[illegible] District No. 73

File No. 106301

Primary Registration District No. 2150

Registered No. 300

FULL NAME OF CHILD George Grant Gray, Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	Nov. (Month) 14 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME: George Grant Gray, Sr.	FULL MAIDEN NAME: Mary Bankhead
RESIDENCE: Idaho Falls, Idaho.	RESIDENCE: Idaho Falls, Idaho.
COLOR: Black — AGE AT LAST BIRTHDAY: 48 (Years)	COLOR: Black — AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Kansas City, Mo.	BIRTHPLACE: Wellsville, Utah.
OCCUPATION: Laborer	OCCUPATION: Housework

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Idaho Falls, Idaho.

Filed Dec 1 1922 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

383-229-010-464
Amended 3-21-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 106302
Local Reg. No. 301
Reg. Dist. No. 73

1. PLACE OF BIRTH
a. COUNTY: Bonneville
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ucon, Idaho
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ucon
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Madge
b. (Middle):
c. (Last): Tyler

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): November 29, 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Andrews
b. (Middle):
c. (Last): Tyler

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Helen
b. (Middle):
c. (Last): Dodge

13. AGE (At time of this birth): 33 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Salt Lake City, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. W. West, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Idaho Falls, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 12/6/1922

22. REGISTRAR'S SIGNATURE: W. Kinnaird

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ON OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 21 1968
Bureau of Vital Statistics

State of Idaho } ss.
County of Bonneville }

Certificate No. 106302

Date Filed

The undersigned does solemnly swear that certain facts on this certificate of Birth (Birth or Death)
for Unnamed Tyler (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 4, 1922 (Date of Event)
in Ucon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Madge Tyler
Child's Date of Birth	Dec. 4, 1922	November 29, 1922
Father's First Name	Andrew	Andrews
Mother's Full Maiden Name	Ellen Dodge	Helen Dodge

Subscribed and sworn to before me this 18 day of March, 1968.

Alene M. Hill
Notary Public, residing at Ucon, Idaho
My commission expires June 25, 1971
(Seal)

Signed Helen Dodge
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
P.O. Box 32 - Ucon, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of March, 1968.

Alene M. Hill
Notary Public, residing at Ucon, Idaho
My commission expires June 25, 1971
(Seal)

Signed Andrew Tyler
(Signature of Any Credible Person)
P.O. Box 32 - Ucon, Idaho
(Street Address, City, State)

Form DH 60-155 CL 3-14-68.

L.D.S. Church Cert. of Blessing, Jan. 7, 1923 gives full name as Madge Tyler, daughter of Andrews Tyler and Helen Dodge, born Nov. 29, 1922 at Ucon, Idaho - viewed by V.S.

Family Record Sheet, gives full name as Madge Tyler, born November 29, 1922 at Ucon, Idaho - baptized Dec. 21, 1930, endowed Jan. 23, 1942 - married to William Fred Gygi on Jan. 23, 1942 - gives full name of parents as Andrews Tyler and Helen Alive Dodge - viewed by V.S.

553-220-010-234

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED DEC 8 19[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida.

No. R. F. D. #5 St.

Registration District No. 73 File No. 106303

Hospital

Primary Registration District No. 2 [illegible] Registered No. 3.2

FULL NAME OF CHILD Delora Nelson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	11 (Month) 20 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Nelson	FULL MAIDEN NAME	Magdeline Stucki
RESIDENCE	Idaho Falls, Ida R. F. D. #5	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:05 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls

Registrar

Filed 12/6 1922 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 27 1945

613220-010-396

PLACE OF BIRTH

RECE[illegible] DEC [illegible] BUREA[illegible]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Bone Star Route St.

Registration District No. 73 File No. 106304

Primary Registration District No. 2140 Registered No. 303

Hospital

FULL NAME OF CHILD Velma Ethel Waters

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	11 (Month) 20 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Seth Waters	FULL MAIDEN NAME	Ethel Crow.
RESIDENCE	Idaho Falls, Ida Bone Star Route	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Salina, Utah	BIRTHPLACE	Star Valley Wyo
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living alive (Born alive or stillborn), at 11:25 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Wirst

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls

Registrar

Filed 12/6 1922 A. Kennard

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

748-229.010-349

ADDED CHILD'S NAME 5-9-96 MS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED DEC 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon, Ida

Registration District No. 73 File No. 106305

No. ..... St.

Primary Registration District No. 2150 Registered No. 304

Hospital .....

FULL NAME OF CHILD BETTY FON Guyman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	11 (Month) 29 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John H. Guyman	FULL MAIDEN NAME	Ivy Curtis
RESIDENCE	Ucon, Idaho	RESIDENCE	Ucon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed 12/6 1922 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-1-96

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
MAY 0 9 1996
VITAL STATISTICS UNIT

State of Utah
County of Utah } ss.

Certificate No. 106305
Date Filed DEC. 8, 1922

The undersigned does solemnly swear that certain facts on the certificate of BIRTH for UNNAMED GUYMON (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on NOV. 29, 1922 (Date of Event) in UCON (BONNEVILLE) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED GUYMON	BETTY FON GUYMON

Subscribed and sworn to before me this 6th day of May 1996

Notary Public [signature]
Residing at Springville Utah
My commission expires 8/22/96
(Seal)

X Betty Fon Guymon Diamond
Signature of Applicant

X 384 W. 200 N. Springville Utah
Street Address, City, State

8-22-96

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

2 cc pd

MAY 0 8 1995

HISTORICAL DEPT. CERTIFICATE OF BIRTH FROM THE LDS CHURCH SHOWS BETTY FON GUYMON BORN NOV. 29, 1922 IN UCON (BONNEVILLE) ID WAS BLESSED FEB. 4, 1923 VIEWED VS.

UTAH DROVER LICENSE SHOWS BETTY FON G DIAMOND BORN NOV. 29, 1922 ISSUE DATE SEP. 6, 1988 VEIWED VS.

349-105-010-255

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC 1922 BUREAU OF VITAL STATISTICS

County of Bonneville

City of Idaho Falls

No. R. F. D. #3 St.

Registration District No. 73

Primary Registration District No. 2150

File No. 106306

Registered No. 304

Hospital

FULL NAME OF CHILD William Edgar Curtis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	11 (Month) 5 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lester Curtis	FULL MAIDEN NAME	Francis Keefer
RESIDENCE	R. F. D. #3 Idaho Falls, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho Falls, Ida.
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:05 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

MD.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls

Registrar

Filed 12/6 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

61[redacted]693

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106307

County of Dawndry

City of Leonia

No. ..... St.

Registration District No. 79

File No. .....

Hospital .....

Primary Registration District No. 2156

Registered No. .....

FULL NAME OF CHILD Betty Rose Oaks
(Certificate of no value without full name of child.)

Sex of Child Female

Twin Triplet or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? yes

Date of birth May 17 1922
(Month) (Day) (Year)

What bactericidal solution was used in eyes? Silver nitrate 1%.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Henry Sidney Oaks	FULL MAIDEN NAME	Gertrude Ethel Witt
RESIDENCE	Leonia Ida	RESIDENCE	Leonia Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. S. Oaks
(Physician or midwife)

Address Leonia Ida

Filed Oct. 5 1922 E. E. Fry
Registrar

Give names added from a supplemental report.

....., 19....

.....
Registrar.

255-105-011-445

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundry

City of Leonia

No. ..... St. .....

Hospital .....

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

Registration District No. 79

Primary Registration District No. 3156

File No. 106308

Registered No. .....

FULL NAME OF CHILD Del Ray Bender
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	Sept 5 1922

What bactericidal solution was used in eyes? Silver nitrate %

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	William Bender	FULL MAIDEN NAME	Fay Loretta Duncan
RESIDENCE	Leonia	RESIDENCE	Leonia
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	North Dakota	BIRTHPLACE	Oregon
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borned alive at 7:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. S. Oaks
(Physician or midwife)

Address Leonia Ida

Filed Oct. 5 1922. E. E. Fry
Registrar

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

135-107-211-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

County of Boundary
City of Bonners Ferry
No. ..... St.
Registration District No. 79
File No. 106309
Hospital .....
Primary Registration District No. 156
Registered No. .....

FULL NAME OF CHILD David Alexander
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 7 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Roy Ellsworth Alexander	FULL MAIDEN NAME	Charlotte Bartlett
RESIDENCE	Bonners Ferry Idaho	RESIDENCE	Bonners Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ramsey Indiana	BIRTHPLACE	Montana
OCCUPATION	County Agricultural Agent	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7.05 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R.M. Bowell
Physician
(Physician or midwife)
Address Bonners Ferry Idaho
Filed Oct. 10 1922 E.E. Fry
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

362-215-011-619

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 79 File No. 106310

Hospital ..... Primary Registration District No. 2156. Registered No. .....

FULL NAME OF CHILD Olive Rose Cosby
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 15 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Walter Cosby	FULL MAIDEN NAME	LoLo Farmer
RESIDENCE	Copeland Idaho	RESIDENCE	Copeland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Washington	BIRTHPLACE	Utah
OCCUPATION	Butcher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rm Bowell

Physician
(Physician or midwife)

Address Bonners Ferry Idaho

Filed Oct. 17 1922. E. E. Fry
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

APR 2 4 2008

789-206-011-391

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Eastport

No. ..... St.

Registration District No. 79

File No. 106311

Hospital .....

Primary Registration District No. 2156

Registered No. .....

FULL NAME OF CHILD Adelia Lucille Phillips
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 6 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2d Number of child of this mother now living, including present birth 2

	FATHER		MOTHER
FULL NAME	Edward C. Phillips	FULL MAIDEN NAME	Etta A. Crandall
RESIDENCE	Eastport, Ida	RESIDENCE	Eastport, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Denver, Col	BIRTHPLACE	Valencia, Kansas.
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Hamvere

Physician
(Physician or midwife)

Address Eastport, Ida

Filed Oct. 20 1922. [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 0 1945

AUG 28 1950

APR 16 1971

437-208-011-366

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79 File No. 106312

No. ..... St.

Primary Registration District No. 2156 Registered No. .....

Hospital .....

FULL NAME OF CHILD Wilma Jane McGlocklin

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct. 8 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm J. McGlocklin	FULL MAIDEN NAME	Ella May Cooper
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Clerk (grocery)	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

Used 1% Solu. of AgNO3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bonners Ferry, Ida.

Filed 10/10/1922. E E Fry Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1941

685-217-011-693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79. File No. 106313

No. ..... St.

Hospital Bonners Ferry

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Edna Frances Wheeler.

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes.	Oct. 17 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Perley H. Wheeler	FULL MAIDEN NAME	Eva Williams
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Wis.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

Used 1% Soln Ag No 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bonners Ferry, Ida.

Filed 10/20/ 1922. E. E. Fry. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

854-165-011-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 106314

County of Boundary
City of Bonners Ferry
No. ..... St. Registration District No. 79
Hospital Bonners Ferry Primary Registration District No. 356 Registered No. .....

FULL NAME OF CHILD Franklin Stonechest Hunstreet
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 15 1922

What bacteriacidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Sherman Cameron Hunstrut	FULL MAIDEN NAME Mildred Virginia Stonechest
RESIDENCE Irma Idaho	RESIDENCE Irma Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Montana
OCCUPATION Merchant	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boy alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) R M Bowell
Physician
(Physician or midwife)

Address Bonners Ferry Idaho

Filed Oct. 19 1922 E E Fry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-126:011-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 79

File No. .....

Hospital .....

Primary Registration District No. 3156

Registered No. .....

CERTIFICATE OF BIRTH 106315

FULL NAME OF CHILD Morion Melton House

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 26 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Roy Edwood House	FULL MAIDEN NAME	Edna Grace Burke
RESIDENCE	Glasgow Montana	RESIDENCE	Glasgow Montana
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Montana	BIRTHPLACE	West Virginia
OCCUPATION	Stockman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rue Bowell

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct. 27 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 29 1944

469-219-011-349

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79 File No. 106316

No. ..... St.

Primary Registration District No. 2156 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Oct. 19 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Inoue	FULL MAIDEN NAME	Masu Tuzi
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Hotel proprietor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Sol. Ag No 3 used in eyes.

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bonners Ferry, Ida.

Filed Oct. 19 1922. E E Fry, Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-131-011-236

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106317

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St.

Hospital Bonners Ferry Primary Registration District No. 7156 Registered No.

FULL NAME OF CHILD Burton Clifford Bangs

Sex of Child Male | Twin, Triplet or other? — | and | Number in order of birth — | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct. 31 (Month) (Day) 1922 (Year)

FATHER

FULL NAME Oscar G. Bangs

RESIDENCE Bonners Ferry

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Minn.

OCCUPATION Dry goods Clerk

MOTHER

FULL MAIDEN NAME Stella Stoos

RESIDENCE Bonners Ferry

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Ill.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

1 Son, Age 0 in days.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 2:15 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) E E Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Filed Nov. 1 19 22

E E Fry
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 12 1959
JUL 8 1960
MAR 27 1961

NOV 6 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-107-01

PLACE OF [redacted]

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-6-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Moore

Registration District No. 59

File No. 106318

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Grant Patten

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	(Number) and (in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	10-7-22

	FATHER	MOTHER
FULL NAME	Thos M. Patten	FULL MAIDEN NAME Maud B. Kidd
RESIDENCE	Moore, Idaho	RESIDENCE Moore, Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Rockville, Utah	BIRTHPLACE Manchester, Tenn
OCCUPATION	Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1305 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Address Ares, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 18 1922

[signature] Registrar

157-109-012 155

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

RECEIVED
1922
STATISTICS

City of Moore

Registration District No. 59

File No. 106319

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD SYLVAN A. JEPPESEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	10/9 1922

FATHER		MOTHER	
FULL NAME	Chas. R. Jeppesen	FULL MAIDEN NAME	Matilda Jensen
RESIDENCE	Moore, Idaho	RESIDENCE	Moore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Manzia, Utah	BIRTHPLACE	Hyrum, Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:25 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Idaho

Filed 10/9 1922

[signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 23 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 106319

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Sylvan Jeppeson (Name on Original Certificate) who born (Was Born or Died) on Oct. 9, 1922 (Date of Event) in Moore, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on Oct. 22, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Sylvan Jeppeson	Sylvan A. Jeppesen

Subscribed and sworn to before me this 22nd day of October, 1942

Notary Public, residing at Nampa, Idaho

My commission expires Dec. 1, 1945
(Seal)

Signed Matilda Jeppesen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1124-10th Ave. S. Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of October, 1942

Notary Public, residing at Nampa, Idaho

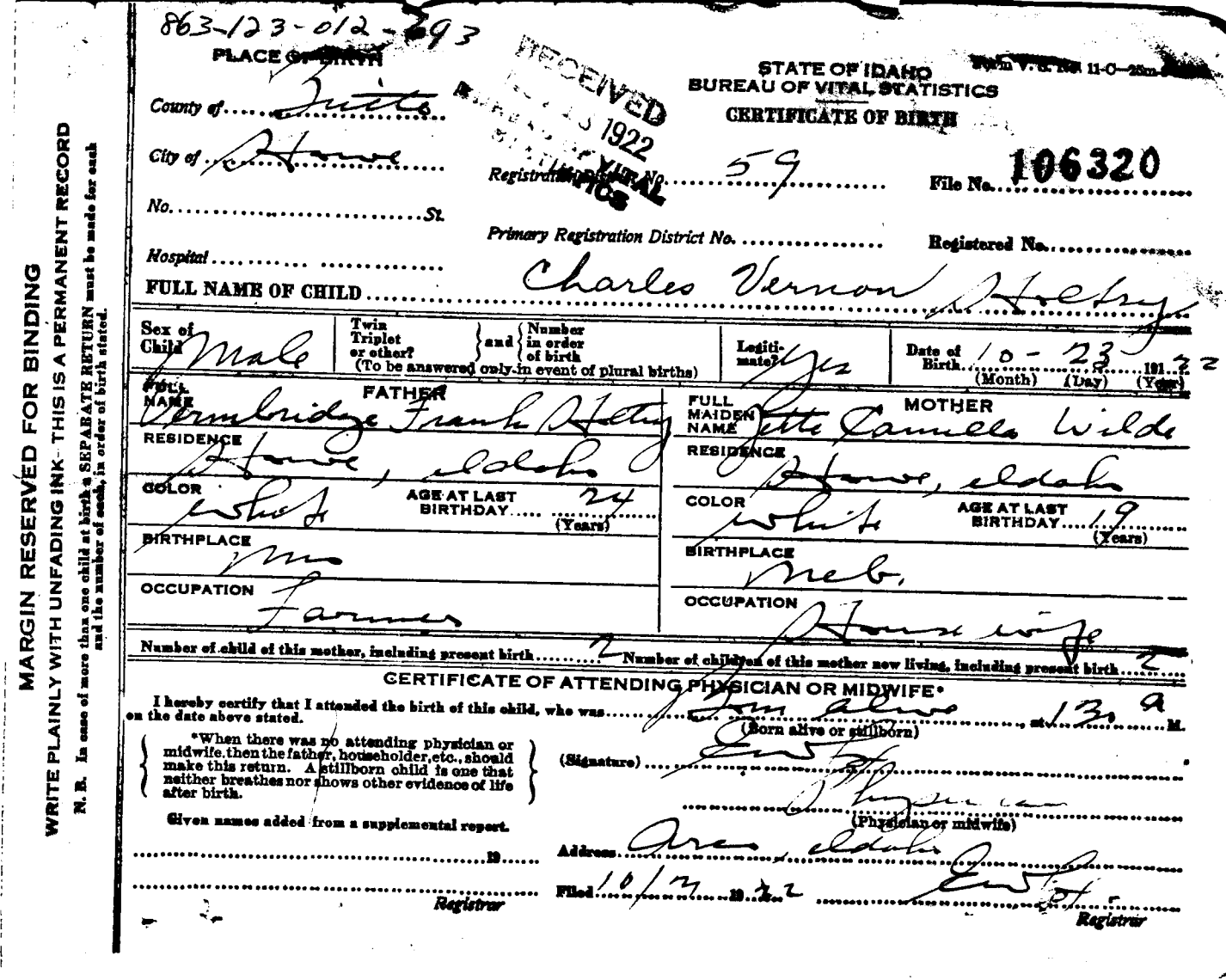
My commission expires Nov. 30, 1945
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

211-5th Ave. So. Nampa, Idaho
(Street Address, City, State)

OCT 23 1942

OCT 26 1942



863-123-012-693

PLACE OF BIRTH

RECEIVED 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-

County of Ditto

City of Howe

No. ..... St.

Hospital .....

Registration District No. 59

File No. 106320

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Charles Vernon Holtry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 - 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vermbridge Frank Holtry	FULL MAIDEN NAME	Jette Camilla Wilde
RESIDENCE	Howe, Idaho	RESIDENCE	Howe, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Idaho

Filed 10/27 1922

[signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada }
County of Clark } ss.

Certificate No. 106320

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Charles Vernon Holtry (Name on Original Certificate) who Born (Was Born or Died) on Oct. 21, 1922 (Date of Event)
in Howe Idaho Butte Co (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible & church records (Bible Record, Insurance Policy, Etc.) prepared on Oct 25, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		Charles Vernon Holtry
Date	Oct. 21	Oct. 23, 1922

Subscribed and sworn to before me this 18
day of May, 1942

Jane Crosbee
Notary Public, residing at Boulder City

My commission expires Jan. 12, 1946
(Seal)

Signed Mrs Camilla Wilde Holtry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

628 Ave M Boulder City, Nev.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada }
County of Clark } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18
day of May, 1942

Jane Crosbee
Notary Public, residing at Boulder City

My commission expires Jan. 12, 1946
(Seal)

Signed Mrs. Howard Garnett
(Signature of Any Credible Person Other Than Previous Year)

661 Ave. L Boulder City, Nev.
(Street Address, City, State)

MAY 25 1942

MAY 8 1942

415-231-012-795

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Cerro Grande

RECEIVED NOV 6 1922 BUREAU OF VITAL STATISTICS

Registration District No. ..... File No. 106321

No. ..... St.

Primary Registration District No. 1 Registered No. .....

Hospital .....

FULL NAME OF CHILD Manion

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	10-31-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Norman Manion	FULL MAIDEN NAME	Mary Gregg
RESIDENCE	Cerro Grande	RESIDENCE	Cerro Grande
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Hswf.

~~WHAT BACTERICIDAL SOLUTION WAS USED IN EYES~~

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

agno 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cannon MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco

Filed 11/1/22 Cannon

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759-129-012 249

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

RECEIVED
NOV 18 1922
IDAHO VITAL STATISTICS

City of Arco

Registration District No. 59

File No. 106322

No. ..... St. .....

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD John Frederick Pershell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	10-29-22

FATHER		MOTHER	
FULL NAME	John Frederick Pershell	FULL MAIDEN NAME	Martha Smith
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Iowa
OCCUPATION	Baggman	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

WHAT PROPHYLACTIC SOLUTION WAS USED IN EYES? agno

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10-9, M. 1922
(Born alive or stillborn)
on the date above stated.

(Signature) F. M. Cannon, M.D.

(Physician or midwife)

Address .....

Filed 11/1/22 19

Cannon
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393-260-012-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106323

County of Butte

City of Howe

No. ..... St.

Hospital .....

Registration District No. 59 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD HELEN MARIE Little

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate	Date of Birth
F.				yes	11 (Month) – 10 (Day) – 1922 (Year)

	FATHER	MOTHER
FULL NAME	James D. Little	FULL MAIDEN NAME Alice Mayo
RESIDENCE	Howe	RESIDENCE Howe
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	42 (Years)	35 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE Ohio
OCCUPATION	Farmer	OCCUPATION Hswf.

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES?

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

agnos

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9-30 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) F. M. Cannon

(Physician or ~~midwife~~)

Address arco Ida

Filed 11/10/ 1922 Cannon

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Butte } ss.

Certificate No. 106323

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for UNNAMED (Name on Original Certificate) who BORN (Was Born or Died) on 11/10/1922 (Date of Event)
in HOWE, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Helen Marie Little

Subscribed and sworn to before me this 27
day of November, 1942

Notary Public, residing at Arco Idaho

My commission expires May 23- 1946
(Seal)

Signed Alice R. Little
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Howe Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Butte } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27
day of November, 1942

Notary Public, residing at Arco, Idaho

My commission expires May 23- 1946
(Seal)

Signed James Dolglesh Little
(Signature of Any Credible Person Other Than Previous Year)

Howe Idaho,
(Street Address, City, State)

DEC 3 1942

295-217-012-141

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Butte

RECEIVED DEC 19

CERTIFICATE OF BIRTH

106324

City of Moore

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Loraine Rebecca Bingham

Sex of Child F. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 11 (Month) 17 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Wm Jefferson Bingham	FULL MAIDEN NAME	Clara Adams
RESIDENCE	Moore	RESIDENCE	Moore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hswf

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES?

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

agno 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cannon

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Idaho

Filed 1922

Registrar

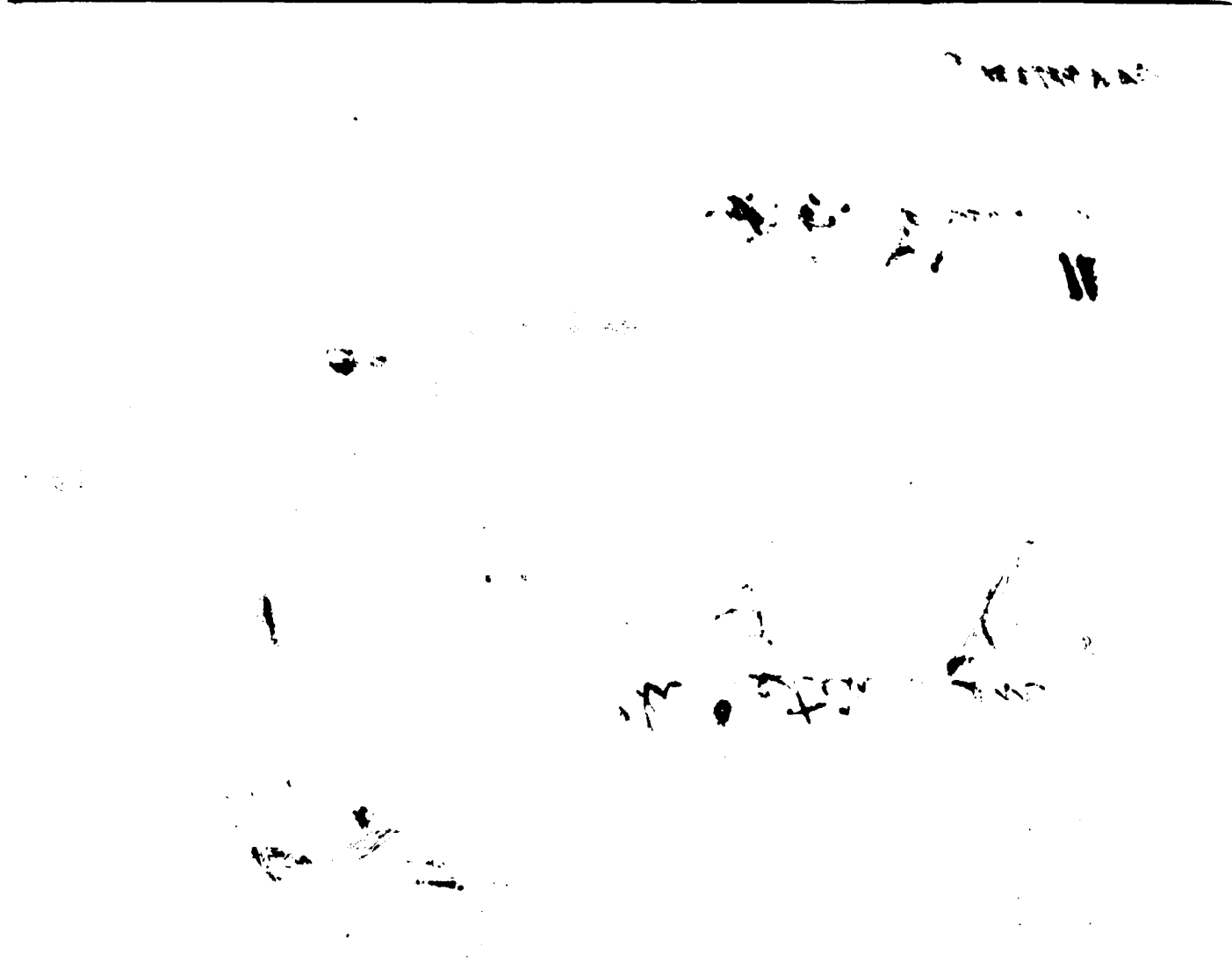
Cannon

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



359-105-013-693 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

Registration District No. 58th

File No. 106325

No. ..... St.

Primary Registration District No. 2138

Registered No. .....

Hospital .....

FULL NAME OF CHILD Archie Lyle Leininger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes.	Oct. (Month) 5th (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Arch Leininger	FULL MAIDEN NAME	Mary Elizabeth Williams
RESIDENCE	Fairfield Idaho	RESIDENCE	Fairfield, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	California	BIRTHPLACE	Montana
OCCUPATION	Blacksmith; Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

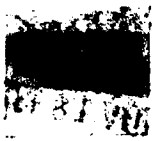
Address Fairfield, Idaho

Filed Oct 6 1922 L Wilencheck Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JUN 4 1969

MAR 23 1953

437-207-013-494

PLACE OF BIRTH

RECEIVED NOV 18 1922 VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

Registration District No. 58th

File No. 106326

No. ..... St.

Primary Registration District No. 2138

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Dolores Elzina~~ Dolores May McGlochlin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Oct. (Month) 7th (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Wren B. McGlochlin	FULL MAIDEN NAME	Henrietta Jane Dimick
RESIDENCE	Hagerman, Idaho	RESIDENCE	Hagerman, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	U. S. Ranger	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Wilencheck

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Fairfield, Idaho

Filed 10-16 1922 L. Wilencheck Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 106326

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Deloris Elzina McGlochlin (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 7, 1922 (DATE OF EVENT) in Fairfield, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by LDS Church Records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on or about December 1, 1922 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name "Deloris"	Deloris	Dolores
Name "Elzina"	Elzina	May

Subscribed and sworn to before me this 2nd day of February, 19 43

Notary Public, residing at Boise

My commission expires January 25, 1946
(SEAL)

Signed Mrs. James Mc Glochlin Mother
(SIGNATURE OF PARENT OR ATTENDANT [CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

RFD #1, Boise, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of February, 19 43

Notary Public, residing at Boise, Idaho

My commission expires January 25, 1946
(SEAL)

Signed R. M. Dinsmuck
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

708 Resseguie, Boise, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 2 194

719-201-005-962

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

106327

County of Benewah

City of St. Maries

Registration District No. 32

File No.

No. ..... St.

Primary Registration District No. 2049

Registered No. 92

Hospital .....

FULL NAME OF CHILD Thracia Lucia Parelli

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Nov 1st 1922

FATHER

FULL NAME: Alphonse Parelli

RESIDENCE: St. Maries

COLOR: white

AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Italy

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Cassandra Rossi

RESIDENCE: St. Maries

COLOR: white

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Italy

OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A. M. on the date above stated.

(Signature) O B Smith MD

Physician (Physician or midwife)

Address St. Maries Idaho

Filed 12/8 1922

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-201-005-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106328

County of Benewah

City of St Maries Registration District No. 32 File No.

No. [redacted] St.

Hospital [redacted] Smiths Primary Registration District No. 2049 Registered No. 93

FULL NAME OF CHILD Peggy Jane Caine

Sex of Child female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth Nov 1 (Month) (Day) 1922 (Year)

FATHER

FULL NAME Omer Caine

RESIDENCE St Maries

COLOR white AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Memphis Mo

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Violet Childress

RESIDENCE St Maries Ida

COLOR white AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Memphis Mo

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C B Smith M.D.

Physician

(Physician or midwife)

Address St Maries Idaho

Filed 12/8 1922 Registrar

AUG 22 1960

666-102-005-656

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital O

Registration District No. 32 File No. 106329

Primary Registration District No. 2049 Registered No. 94

FULL NAME OF CHILD Emmett Edward Woodward Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		1	Yes	11 2 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Prolargal Sol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Emmett E. Woodward	FULL MAIDEN NAME	Emy Weom
RESIDENCE	St Maries Idaho	RESIDENCE	St Maries Idaho
COLOR	Ed	COLOR	Ed
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Town	BIRTHPLACE	Minn
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11.30 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Platt

Physician
(Physician or midwife)

Address St Maries Idaho

Filed 12/8 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

JUN 5 1942

MAY 12 1944

NOV 14 1950

713-105-005-255

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

Registration District No. 32 File No. 106330

No. Rouch-st Joseph

Primary Registration District No. 2049 Registered No. 95

Hospital

FULL NAME OF CHILD Walter James Patterson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	yes	Nov. (Month) 5 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Patterson	FULL MAIDEN NAME	Olga Bel
RESIDENCE	St. Maries	RESIDENCE	St Maries
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	58	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	N.Y.	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.14 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Kinsolving M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address St. Maries Idaho

Registrar

Filed 12/8 1922 [illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1941

19-206-885-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St.

Hospital St. Maries

Registration District No. 32

Primary Registration District No. 2049

File No. 106331

Registered No. 96

FULL NAME OF CHILD Jean Lorraine Harris
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov 6 1922

What bactericidal solution was used in eyes? Argyrol - 10%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frank Jay Harris	FULL MAIDEN NAME	Lila May Wilson
RESIDENCE	St. Maries Ida	RESIDENCE	St. Maries, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Bellwood Nebraska	BIRTHPLACE	Wilbur, Washington
OCCUPATION	Pharmacist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Cornalive, at 11 30 P M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Robins

Physician
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address St Maries Idaho

Filed 12/8 1922 [signature]
Registrar.

JUN 5 1942

419-112-005-85-3

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St.

Hospital .....

Registration District No. 32 File No. 106332

Primary Registration District No. 2049 Registered No. 97

FULL NAME OF CHILD Marvin Morash

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov (Month) 12 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME: George B. Morash	FULL MAIDEN NAME: Katherine Helm
RESIDENCE: St. Maries	RESIDENCE: St. Maries
COLOR: white — AGE AT LAST BIRTHDAY: 32 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Russia	BIRTHPLACE: Russia
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Smith MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address St. Maries

Filed 12/8 1922 Osmeager Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-166-005-813

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 11 1922

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ~~[illegible]~~ St.

Registration District No. 32 File No. 106333

Hospital

Primary Registration District No. 2049 Registered No. 98

FULL NAME OF CHILD Donald Fender
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		5	Yes	11-16-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Protargol Sol

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Edgar L. Fender	FULL MAIDEN NAME	Ruth Hatfield
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minn
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8.30 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

Physician
(Physician or midwife)

Address St Maries, Idaho

Give names added from a supplemental report.

....., 192....

Registrar.

Filed 12-8 1922 O S Meager
Registrar.

6/6/41 L. B.

OCT 9 1951

204-124-1005-381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

REC
DEC

County of Benewah
City of St. Maries
No. 927 Washington St. Registration District No. 32 File No. 106334
Hospital Primary Registration District No. 2049 Registered No. 99

FULL NAME OF CHILD Harry William Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Male				Yes	Nov 24 1922

What bactericidal solution was used in eyes? Argyrol - 10%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harry V. Smith	FULL MAIDEN NAME	Bernice Chapman
RESIDENCE	St. Maries Ida	RESIDENCE	St. Maries, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Montana
OCCUPATION	Hotel Proprietor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:08 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Robins
Physician
(Physician or midwife)

Address St. Maries Idaho

Give names added from a supplemental report.

....., 192.....
Registrar.

Filed 12/8 1922 Osmunger
Registrar.

MAR 23 1954

219-225-005-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Registration District No. 32 File No. 106335

Hospital .....

Primary Registration District No. 2049 Registered No. 100

FULL NAME OF CHILD Cleo Allyn Barden
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		1	Yes	11 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Protargol sol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Reuben Barden	FULL MAIDEN NAME	Myrtle Bales
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Wis or Mich	BIRTHPLACE	Kansas
OCCUPATION	Woodsman	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

Physician
(Physician or midwife)

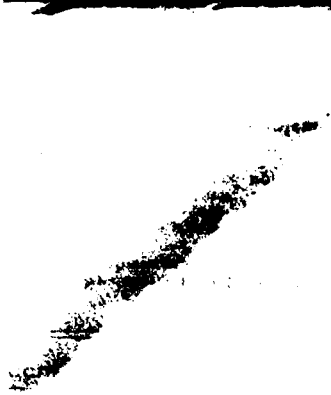
Give names added from a supplemental report.

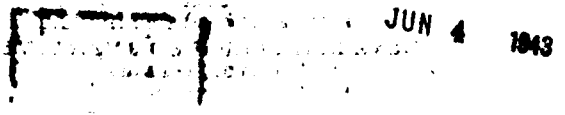
....., 192....

.....
Registrar.

Address St Maries Idaho

Filed 12/8 1922 D Meager
Registrar.




JUN 4 1943

713-204-011-243

amended 1/6/81

PLACE OF BIRTH

RECEIVED DEC 11 192[illegible] [illegible]AHO STATISTICS

Form V. S. No. 11-C—25m-7-21-19

County of Boundary

[illegible] OF BIRTH

City of Bonners Ferry

Registration District No. 79 File No. 106336

No. ..... St.

Primary Registration District No. 2156. Registered No. .....

Hospital .....

FULL NAME OF CHILD Leota Jean Palmer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Nov. 4 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Douglas M. Palmer	FULL MAIDEN NAME	Myrtle Sullivan
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Minn.
OCCUPATION	Lumber Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Used 1% Soln. Ag NO3 in eyes.

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bonners Ferry, Ida.

Filed 11/7/ 1922

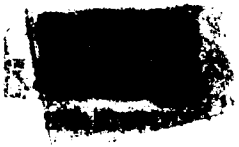
E E Fry Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JAN 2 1974

1-2-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

NOV 10 1980

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 106336

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jeanne Palmer (Name on Original Certificate) who was born (Was Born or Died) on Nov. 4, 1922 (Date of Event)
in Bonners Ferry (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Jeanne Palmer	Leota Jean Palmer

Subscribed and sworn to before me this 21st day of Sept 19 79

Notary Public, residing at W. Dundee, Ill. 60118

My commission expires 9/30/80

(Seal)

Signed Douglas M. Palmer Brother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6 Executive Court Willingboro New Jersey 08046

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ill. } ss.
County of Cook }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of Sept 19 79

Notary Public, residing at W. Dundee, Ill.

My commission expires 9-30-80

(Seal)

Signed Douglas M. Palmer

(Signature of Any Credible Person)

Brother of Leota Jean Palmer

6 Executive Court

(Street Address, City, State)

Willingboro, New Jersey 08046

FORM DH 60-155

Called - No answer

Holy Scrament of Baptism from the Catholic Church gives name as Leota Jean Palmer ~~xxx~~ daugher of Douglas Palmer and Myrtle Sullivan. born in Bonners Ferry, Idaho on Nov 4, 1922. Baptized Nov 26, 1922 . datd Dec 26, 1973. viewed by V. S.

Bachelor of Arts Degree from College of Saint Catherine, Saint Paul,MInnisota gives nameas Leota Jean Palmer. dated June 5, 1944. viewed by V. S.

JAN 7 1981

239-205-011-312

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79. File No. 106337

No. ..... St.

Primary Registration District No. 2156. Registered No. .....

Hospital .....

FULL NAME OF CHILD Eleanor Bessie Bliss

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Nov. 5 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Walter Bliss	FULL MAIDEN NAME	Laura Cash
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Mich.
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Used 1% Ag No 3 soln. in eyes.

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bonners Ferry, Idaho

Filed 11/6/ 1922

E. E. Fry

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 3 1954

145-107-01-443

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

RECE DEC 11

Registration District No. 79 File No. 106338

No. ..... St.

Primary Registration District No. 2156 Registered No. .....

Hospital Bonners Ferry

FULL NAME OF CHILD Fredrick Ammerman

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos. Ammerman	FULL MAIDEN NAME	Myrta Dutton
RESIDENCE	Naples, Ida	RESIDENCE	Naples, Ida
COLOR	White AGE AT LAST BIRTHDAY 24 (Years)	COLOR	White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	S. Dak
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Used 1% Soln. Ag NO3 in Eyes.

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bonners Ferry, Ida

Filed 11/9/ 1922 E E Fry Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1941

749-214-011-599

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 11 1922

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 79 File No. 106339

Hospital ..... Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Cora Marie Grunerud
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Nov. 14 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Almar Grunerud	FULL MAIDEN NAME	Rosine Virak
RESIDENCE	Bonners Ferry Ida	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	South Dakota	BIRTHPLACE	Wisconsin
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rm Bowell
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Bonners Ferry Idaho

Filed 11/17/1922. E E Frey Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 4 1959

844-216-011-692

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED DEC 11 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of McArthur

Registration District No. 79 File No. 106340

No. ..... St.

Primary Registration District No. 2156 Registered No. .....

Hospital .....

FULL NAME OF CHILD Gladys Elizabeth Hudd

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Nov. 16 1922

FATHER		MOTHER	
FULL NAME	Ashley Hudd	FULL MAIDEN NAME	Cora Wismer.
RESIDENCE	McArthur	RESIDENCE	McArthur
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	New York	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Used 1 to Solve Ag NO3 in eyes

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Frey

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bonners Ferry, Ida

Filed 11/16/1922 E. E. Frey
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 16, 1941. E.W.

168-216-011-759

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry,

Registration District No. 79 File No. 106341

No. ..... St.

Primary Registration District No. 5156. Registered No. .....

Hospital .....

FULL NAME OF CHILD Betty June Johnson -

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Nov. 16 1922. (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Theodore Russell Johnson	FULL MAIDEN NAME	Annie Katharine Perry
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Minn -	BIRTHPLACE	Neb.
OCCUPATION	Fireman on R. R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

Used 1% Agrtz Solu in eyes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bonners Ferry, Ida -

Filed 11/17/ 1922 E. E. Fry. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396117.011-363

RECEIVED DEC 11 1922

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79 File No. 106342

No. ..... St.

Primary Registration District No. 3156 Registered No. .....

Hospital .....

FULL NAME OF CHILD George William Crowley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes.	Nov. 17 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Crowley	FULL MAIDEN NAME	Fern Collins
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Maine.	BIRTHPLACE	Ill.
OCCUPATION	Camp Foreman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Used 1% Soln. Agno 3 in eyes.

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bonners Ferry, Ida.

Filed 11/19/ 1922 E. E. Fry Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24 1942

762-119-01-7997

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106343

County of Boundary

City of Bonners Ferry

No. ..... St

DEC 11 [illegible]

Registration District No. 79 File No. .....

Hospital ..... Primary Registration District No. 5156 Registered No. .....

FULL NAME OF CHILD Fosler Poston

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Nov. 19 1922

What bacterioidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Hanson Poston	FULL MAIDEN NAME	Alice Mary Gillard
RESIDENCE	Bonners Ferry Idaho	RESIDENCE	Bonners Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Michigan
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1145 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rue Bowell

Physician

(Physician or midwife)

Address Bonners Ferry Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 11/30 1922. E E Fry Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Amended 1-15-58

PLACE OF BIRTH

414-122-011-819

County of Boundary

City of Bonners Ferry

No. ____ St. ____

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 79 File No. 106344

Primary Registration District No. 2156 Registered No. ____

FULL NAME OF CHILD Ralph Kenneth Maughan
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male				November 22 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Thomas Maughan	FULL MAIDEN NAME: Hazel Harmon
RESIDENCE: Bonners Ferry, Idaho	RESIDENCE: Bonners Ferry, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Canada	BIRTHPLACE: Oregon
OCCUPATION: Saw-Mill Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. M. Bowell

Physician
(Physician or midwife)

Address Bonners Ferry, Idaho

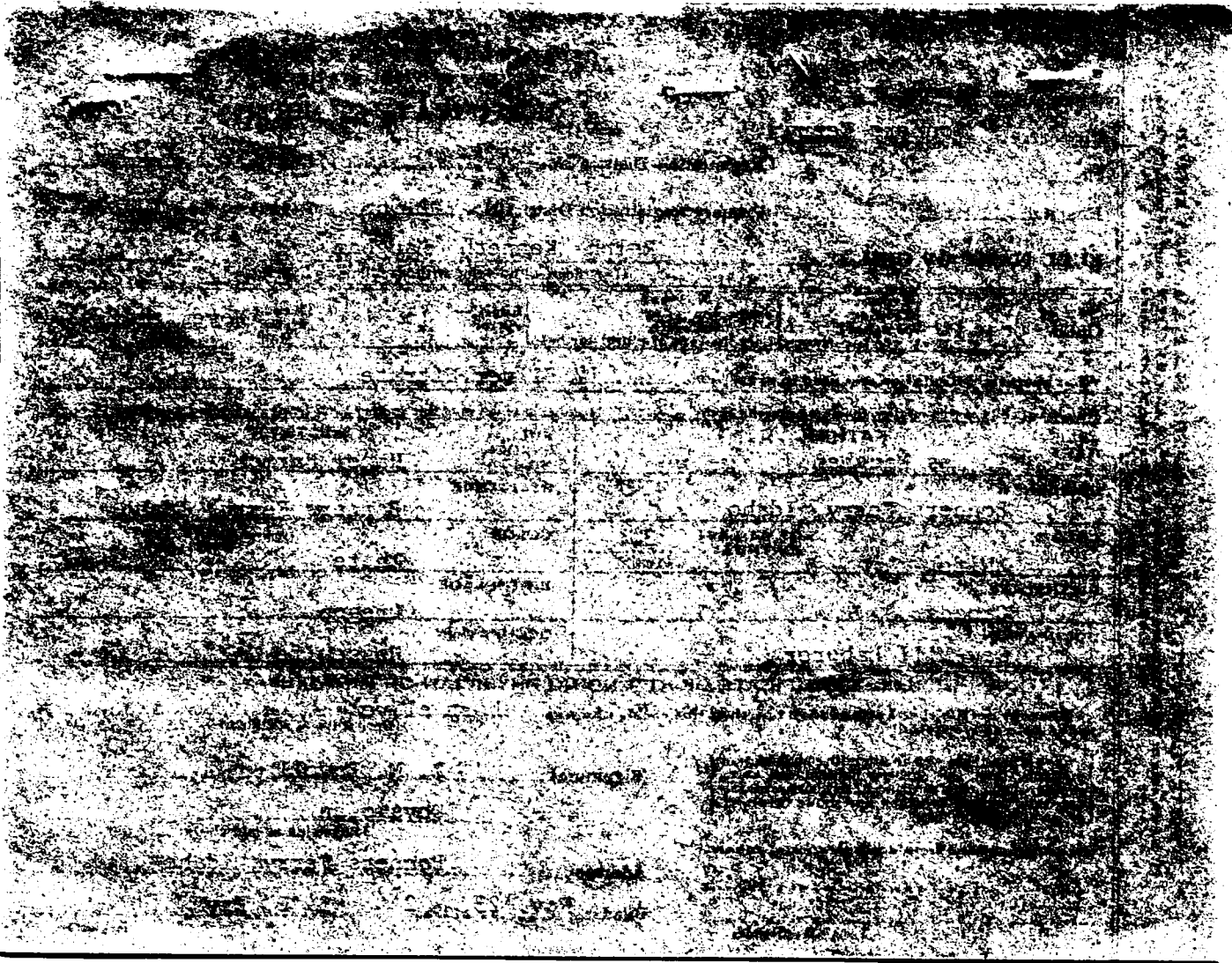
Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Nov. 23, 1922 E. E. Fry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 106344

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Ralph Kenneth Maughn (Name on Original Certificate) who born (Was Born or Died) on 11-22-22 (Date of Event)

in Bonners Ferry (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Unknown. viewed by U.S. ~~(Give Date)~~ are: See other certs for members of family - #86711 #54756

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's & Father's Last Name	Maughn #38920	Maughan

Subscribed and sworn to before me this 31st day of December, 1957

[signature] Reynolds

Notary Public, residing at Walla Walla Wash.

My commission expires 9/11/61

(Seal)

Signed Thomas Maughan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

184 No. 9th Walla Walla Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Walla Walla }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of January, 1958

[signature] Reynolds

Notary Public, residing at Walla Walla Wn.

My commission expires 9/11/61

(Seal)

Signed Hazel L. Maughan
(Signature of Any Credible Person)

841 N. 9th Ave
(Street Address, City, State)
Walla Walla Wash.

FORM DPH 55.155

10-7-57 1 copy paid CL

168-125-011264

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED DEC 11 1922

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 71 File No. 106345

No. ..... St.

Primary Registration District No. 315-6 Registered No. .....

Hospital .....

FULL NAME OF CHILD William Clarence Johnson

Sex of Child	Twin, Triplet or other? — (To be answered only in event of plural births)	and	Number in order of birth —	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 25 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Axel Johnson	Pauline Soderlund
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	31
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Sawmill Laborer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

(Physician or midwife) .....

Address Bonners Ferry, Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed 11/27/ 19 22 E. E. Fry Registrar

FEB 28 1942

JUL 24 1946

Amended 6-11-57

PLACE OF BIRTH

251-226-011-743

County of Boundary

City of Copeland

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 79 File No. 106346

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Frances Jean Bear
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Female				Yes	November 26, 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frank Joseph Bear	FULL MAIDEN NAME	Eliza Jane Guthrie
RESIDENCE	Copeland, Idaho	RESIDENCE	Copeland, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) R. M. Bowell

Physician
(Physician or midwife)

Address Bonners Ferry, Idaho

Filed 11-26 1922 E. E. Fry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Boundary

Certificate No. 106346

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Francis Jean Bear (Name on Original Certificate) who was born (Was Born or Died) on 11-26-22 (Date of Event)

in Copeland (Place of Event) are erroneous, or were omitted; and that, to the best of his knowledge, the true facts are shown by War ration bk I -May 5, 1942 Marriage license & Certificate (Bible Record, Insurance Policy, Etc.) prepared on both are dated - 1942 (Give Date) are: Sept. 11, 1942 Bonner Co. Viewed by V.S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Francis	Frances

Subscribed and sworn to before me this 24th day of May 1957

Geo. H. Unternahrer
Notary Public, residing at PROBATE JUDGE
My commission expires BOUNDARY COUNTY IDAHO
(Seal)

Signed Eliza J. Bear.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Copeland Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Boundary

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of May 1957

Geo. H. Unternahrer
Notary Public, residing at PROBATE JUDGE
My commission expires BOUNDARY COUNTY IDAHO
(Seal)

Signed Evelyn B. Berg
(Signature of Any Credible Person)

Bonners Ferry, Idaho
(Street Address, City, State)

FORM DPH 55.155

CL 5-8-57 nm

698-229-011-443

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79 File No. 106347

No. ..... St.

Primary Registration District No. 2156 Registered No. .....

Hospital .....

FULL NAME OF CHILD Betty Jeanne Fry.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes.	Nov. 21 1932 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claude Milton Fry	FULL MAIDEN NAME	Alta Wanita Dutton
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Wash.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Used 1% Soln. Ag NO3 in eyes.

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bonners Ferry, Ida

Filed 11/30/ 1932 E E Fry Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1944

595-104-013-141

PLACE OF BIRTH

V. S. No. 11-C—25m-7-21-19

STATE [redacted]
BUREAU OF VITA[redacted]

CERTIFICATE OF BIRTH

County of Camas

City of ~~Mt~~ Fairfield

No. 9 miles Southeast St.

Hospital

Registration District No. 58th File No. 106349

Primary Registration District No. 2138 Registered No.

FULL NAME OF CHILD Darrel Nielson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	Twin		1st	yes	Nov (Month) 4th (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oliver Charles Nielson	FULL MAIDEN NAME	Lydia Adeline Adams
RESIDENCE	Fairfield, Idaho	RESIDENCE	Fairfield, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 35 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Fairfield, Idaho

Filed 11-9 1922 L Wilencheck Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1957

S95-204-013-141

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

No. Juniper Southeast

Registration District No. 58d

File No. 106350

Primary Registration District No. 2138

Registered No.

Hospital

FULL NAME OF CHILD Carrel Nelson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin and	2d	yes	Nov 4th 1922

FATHER		MOTHER	
FULL NAME	Oliver Charles Nelson	FULL MAIDEN NAME	Lydia adeline Adams
RESIDENCE	Fairfield, Idaho	RESIDENCE	Fairfield, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10d Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) L Wellencheck

Phys

(Physician or midwife)

Address Fairfield, Idaho

Filed 11-9 1922 L Wellencheck

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 0 1937

854-212-013-755

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Corral

No. 3 1/2 miles North St.
" " East

Hospital

Registration District No. 58th File No. 106351

Primary Registration District No. 2138 Registered No.

FULL NAME OF CHILD Mary Eleanor Hedden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 12th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph William Hedden	FULL MAIDEN NAME	Adeline Geer
RESIDENCE	Corral, Idaho	RESIDENCE	Corral, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Wilencheck

Phys (Physician or midwife)

Given names added from a supplemental report.

19

Address Fairfield, Idaho

Registrar

Filed 11-20 1922 L. Wilencheck Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-206-014-796

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WEL[illegible]
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106352

County of Canyon

City of Caldwell, Idaho

No. ..... St.

Registration No. 3 File No. .....

Hospital Sanitarium Primary Registration District No. 2005 Registered No. 205

FULL NAME OF CHILD MARJORIE LAKE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	10/6/22

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: F. B. Lake	FULL MAIDEN NAME: Gladys Proud
RESIDENCE: Silver City, Idaho	RESIDENCE: Silver City, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Minn.	BIRTHPLACE: Mich.
OCCUPATION: Miner	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Oct. 7 1922 John S. Meyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA }
County of FRESNO } ss.

Certificate No. 106352

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for name of child (omitted) (Name on Original Certificate) who was born (Was Born or Died) on October 6, 1922 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Marjorie Lake
Marjorie Lake		

Subscribed and sworn to before me this 18th
day of July, 19 42

Louise J. Colmore

Notary Public, residing at Fresno

My commission expires August 31, 1943
(Seal)

Signed Gladys L Davis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2624 Washington Ave., Fresno, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 23 19[illegible]

JUL 24 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

248-107-014-556

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ____ St.

Registration District No. 9

File No. 106353

Primary Registration District No. 2005

Registered No. 206

Hospital Sanitarium

FULL NAME OF CHILD Samuel Herman Smyser
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	10/9/1922

What bacterieidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2

Number of child of this mother now living, including present birth 2

FATHER

FULL NAME: Orville F. Smyser

RESIDENCE: Middleton, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Sarah F. Newman

RESIDENCE: Middleton, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Oklahoma

OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct. 10 1922 John H. Smyser
Registrar.

JAN 15 19[illegible]

BUREAU OF VITAL STATISTICS

Boise, Idaho, 12/15/22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: Sanitarium

County: Canyon

File Number: 106353

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Oct 9th 192-2

Father: Orville Franklin Smyser (Full Name)

Mother: Sarah Francis Newman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Samuel Herman Smyser

Child's Name in Full

Mrs. Sarah F. Smyser

Signature of Father or Mother

APR 4 1944

433-209-014-897

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106354

County of Canyon

City of Huston Id R1

No. ..... St.

Registration District No. 3 File No. .....

Hospital ..... Primary Registration District No. 2005 Registered No. 207

FULL NAME OF CHILD Virginia Elain McCluskey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	S	3	Yes	10-9-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Andrew McCluskey	FULL MAIDEN NAME	Louise Higgins
RESIDENCE	Huston Id R1	RESIDENCE	Huston Id R1
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Osage City Kans	BIRTHPLACE	Nova Scotia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Gue M.D.
(Physician or midwife)

Address Caldwell Id

Filed Oct. 31 1922 John S. Meyer
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, 12/15/22

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

DEC 20 1922
BUREAU OF VITAL STATISTICS

Place of Birth — City: Caldwell

Street:

County: Canyon

File Number: 105354

Registration Dist. No.:

Date of Birth: Nov. 9 1922

Sex of Child: Female

Father: Andrew Mc Clusky (Full Name)

Mother: Mary Louise Higgins (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Virginia Elain Mc Clusky
Child's Name in Full

Louise Mc Clusky
Signature of Father or Mother

789.210.01428

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 106355

No. Amended 3/31/77 St.

Hospital

Primary Registration District No. 2005 Registered No. 208

FULL NAME OF CHILD Florence Evelyn Phillipps

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	and		Yes	10-10-22

	FATHER	MOTHER
FULL NAME	Henry B Phillipps	FULL MAIDEN NAME Josephine Shaw
RESIDENCE	R W Caldwell	RESIDENCE Caldwell
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Washington
OCCUPATION	Farming	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) L D S Tennant

physician

(Physician or midwife)

Address Caldwell Idaho

Filed Oct. 24-1922 John H. Magee

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

108393

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: Arther

County: Canyon

File Number: 106755

Registration Dist. No.:

Date of Birth: Oct 10 192.2

Sex of Child: Female

Father: Henry William Phillips (Full Name)

Mother: Josephine Ella Shaw (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Florence Delaphine Phillips

Child's Name in Full

Henry William Phillips

Signature of Father or Mother

8/31/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
AUG 31 12 43 PM '77

Affidavit to Correct or Amend Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 103355

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Florence Delaphin Phillips (Name on Original Certificate) who was born (Was Born or Died) on October 10, 192? (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Florence Delaphin	Florence Evelyn

Subscribed and sworn to before me this 31 day of August, 19 77

Margaret D. Davis

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed: Henry William Phillips
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Henry William Phillips
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Child's birth certificate issued by State of Idaho 3/2/48 S.F.#48-2952, gives Mother's name as Florence Evelyn Phillips. viewed by V.S.

AUG 31 1977

Bank book issued by The Idaho First National Bank 11/18/66 gives name as Florence E. Kitchin (married name) of Florence E. Phillips. viewed by V.S.

251-212-014-493

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106356

County of Canyon

City of Caldwell

Registration District No. 3 File No.

No. St.

Primary Registration District No. 1005 Registered No. 209

Hospital

FULL NAME OF CHILD Betty Ruth Beam

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	10-12-22 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Wm C Beam	FULL MAIDEN NAME	Ester Miller
RESIDENCE	Caldwell Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Colorado
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L D S Stewart

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Caldwell Ida

Registrar

Filed Oct. 24 - 1922 John R Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

417-112-014-915

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

~~City of~~ Huston

~~No.~~ R. # 1 ~~St.~~

Hospital

Registration District No. 3 File No. 106357

Primary Registration District No. 2005 Registered No. 210

FULL NAME OF CHILD Thomas Daniel Magnuson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	10/12 2 192

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Carl Magnuson	FULL MAIDEN NAME: Mary B. Randolph
RESIDENCE: Huston, # 1	RESIDENCE: Huston, Idaho # 1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Missouri
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) S. B. Dudley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed Oct. 13 1922 John H. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/9/41 L. B.

RECEIVED

Dear Madam:

1923 The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: R. 1.

County: Canyon County

File Number: 106357

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Oct 12 1922

Father: Carl Magnuson (Full Name)

Mother: Mary Bessie Randolph (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Thomas Daniel Magnuson
Child's Name in Full

Mrs. Carl Magnuson
Signature of Father or Mother

MAR 4 1957

859-216-014-997

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106358

County of Canyon
City of Caldwell
No. ____ St.
Hospital ____

Registration District No. 3
Primary Registration District No. 1005
File No. ____
Registered No. 211

FULL NAME OF CHILD Betty Irene Herlocker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	10/16/22

What bacteriocidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2
Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Fred Herlocker	FULL MAIDEN NAME: Myrtle Rigley
RESIDENCE: Caldwell, Idaho	RESIDENCE: Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Idaho
OCCUPATION: -------	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at --- M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) F. M. Cole, M. D.
(Physician or midwife)
Address Caldwell, Idaho.

Filed Oct. 17-1922 John H. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

38-217-014-386

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106359

County of Canyon
City of Notus
No. ____ St.
Hospital

Registration District No. 3
Primary Registration District No. 2005
File No.
Registered No. 212

FULL NAME OF CHILD Ines Lucile Chamberlain
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	10/17 2 1922

What bacteriedal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Harry E. Chamberlain	FULL MAIDEN NAME	Jesse Pearl Lyons
RESIDENCE	Notus, Idaho	RESIDENCE	Notus, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Lumberman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley
M. D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct. 19 1922 John H. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-218:014-695

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

~~City of~~ Huston

No. R. 2 ~~St.~~

Hospital

Registration District No. 3

Primary Registration District No. 2005

File No. 106360

Registered No. 215

FULL NAME OF CHILD Reba Frances
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	Yes	10/18 192...

What bacterieidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	F. E. Caldwell,	FULL MAIDEN NAME	Bessie Crendorf
RESIDENCE	Huston # 2	RESIDENCE	Huston, # 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Illinois	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Dudley

M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct. 20 1922 John A. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CALDWELL

465-1191014-352

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 15 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. 616 Cleveland St.
Hospital Caldwell

Registration District No. 3
Primary Registration District No. 1005

File No. 106361
Registered No. 214

FULL NAME OF CHILD J. Lesley Montgomery
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1		1	Yes	Oct. 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	George Willis Montgomery	FULL MAIDEN NAME	Velma Fern Lesley
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Oregon	BIRTHPLACE	Nebraska
OCCUPATION	Physician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Young, M.D.
(Physician or midwife)

Address Caldwell Idaho

Filed Oct. 20. 1922 John S. Meyer
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho FEB 13 1925

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * *

Place of Birth { CITY Caldwell FILE NO. 128943
ST. _____ DATE OF BIRTH _____
COUNTY Canyon SEX OF CHILD Male

FATHER Les H Montg~~omery~~ MOTHER Velma F. Lesley
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

J. Lesley Montgomery

L H Montgomery
Signature of Father or Mother.

RECEIVED
FEB 20 1925
BUREAU OF VITAL STATISTICS

SEP 23 1948
JAN 28 1976

469-121-014-699

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED NOV 1 6 1922 STATE

County of Canyon

City of Caldwell

Registration District No. 3 File No. 106362

No. Rur. 4 St.

Primary Registration District No. 2005 Registered No. 213

Hospital

FULL NAME OF CHILD Donald Wright Morrow

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Oct. 21 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William R. Morrow	FULL MAIDEN NAME	Cora Ellen Wright
RESIDENCE	Caldwell, Idaho, Rur. 2	RESIDENCE	Caldwell, Idaho. Rur. 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3.15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) John L. Meyers M.D.

(Physician or midwife)

Address Caldwell—Idaho

Filed Oct. 21—1922 John L. Meyers

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1970

235-121014-945

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106363

County of Canyon

~~City of~~ Caldwell

~~No.~~ R. # 2 St.

Registration District No. 3 File No.

Hospital

Primary Registration District No. 2015 Registered No. 216

FULL NAME OF CHILD Harold Paul Stewart
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	10/21 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Willard J. Jack Stewart	FULL MAIDEN NAME Jenneth Janette Runciman
RESIDENCE Caldwell, Idaho R. # 2	RESIDENCE Caldwell, Idaho R. # 2
COLOR White AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Colorado	BIRTHPLACE New York
OCCUPATION Farming	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:20 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]. P. Dudley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Oct. 24 1922 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of birth: City ... Caldwell

Street .....

County ... Canyon

File Number ... 106363

Registration Dist. No. .....

Sex of Child ... Male

Date of Birth ... Oct. 21 ... 1922

Father Willard Jackson Stewart (Full Name)

Mother Jeannette Isabel Runciman. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Harold Paul
Child's Name in Full

Mrs. Jack Stewart
Signature of Father or Mother

DEC 20 1922 BUREAU OF VITAL STATISTICS

446-222-014-231

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 418 S. 12" St.

Registration District No. 3

File No. 106364

Hospital

Primary Registration District No. 1005

Registered No. 217

FULL NAME OF CHILD Louise Elizabeth Duffey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	10/22 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	David D. Duffey	FULL MAIDEN NAME	Rose Klam
RESIDENCE	418 S. 12" Caldwell, Idaho	RESIDENCE	418 S. 12" Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:10 A. M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed Oct. 24 1922 John P. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 87

PLACE OF BIRTH

215-223-014-612

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Nor. R. # 4 St.

Registration District No. 3 File No. 106365

Hospital

Primary Registration District No. 205 Registered No. 218

FULL NAME OF CHILD Marie Alvena Sanderson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	10/23 2 192

What bacterioidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Marion A. Sanderson	FULL MAIDEN NAME: Alvina Oakey
RESIDENCE: Caldwell, Idaho R. # 4	RESIDENCE: Caldwell, Idaho R. # 4
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. B. Dudley

M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Oct. 24-1922 John V. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child, file birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED DEC 22 1922

Place of Birth
City: Caldwell
Street:
County: Idaho

File Number: 106365

Registration Dist. No.: 53

Date of Birth: October 23 1922

Sex of Child: Female

Father: Marrion Andrew Sanderson
Full Name

Mother: Alvenia Okey
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Marie Alvenia Sanderson
Child's Name in Full

Mrs Alvenia Sanderson
Signature of Father or Mother

775-127-014-316

PLACE OF BIRTH

RECEIVED
NOV 15 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. Route 1 St.
Hospital

Registration District No. 3
Primary Registration District No. 2005

File No. 106366
Registered No. 219

FULL NAME OF CHILD Thomas Blackwell Glenn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	1	Yes	Oct. 27 1922

What bacterieidal solution was used in eyes? Argyrol 20%.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clarence Samuel Glenn	FULL MAIDEN NAME	Eva L. M. Lawrence
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Young, M.D.
(Physician or midwife)

Address Caldwell

Filed Oct. 30 1922 John L. Meyer
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1915

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

451-228-014-643

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

~~City of~~ Wilder

~~No.~~ R. # 1 ~~St.~~

Registration District No. 3 File No. 106367

Hospital

Primary Registration District No. 2005 Registered No. 220

FULL NAME OF CHILD DOROTHY FERN DEANS

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	10/28 2 192

What bacterieidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: J. H. Deans	FULL MAIDEN NAME: Bessie M. Fuller
RESIDENCE: Wilder, Idaho, R. # 1	RESIDENCE: Wilder, Idaho, R. # 1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 46	AGE AT LAST BIRTHDAY (Years): 37
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) S. E. Dudley, M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed Oct. 28 1922 John L. Meyer
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 106367

State of Washington } ss.
County of King

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Dorothy Fern Deans (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN ~~DIED~~) on October 28, 1922 (DATE OF EVENT)
in Wilder, Idaho (PLACE OF EVENT) were omitted; and that, to the best of his knowledge, the
true facts as shown by me, as mother, (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Dorothy Fern Deans
Surname	Dean	Deans

Subscribed and sworn to before me this 15th day of December, 19 42

Notary Public, residing at Seattle

My commission expires July 30, 1943.
(SEAL)

Signed Bessie Deans
Mother of Dorothy Fern Deans
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

918 East Mercer, Seattle, Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

State of Washington } ss.
County of King

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of January, 1943

Notary Public, residing at Seattle

My commission expires July 30 - 1943
(SEAL)

Signed Mrs Alice L King
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

520 Bellevue No. Seattle, Wash.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 18 1943

251-230-014-855

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. 12Th & Belmont St.
Hospital

Registration District No. 3
Primary Registration District No. 1005

File No. 106368
Registered No. 221

FULL NAME OF CHILD Joan Sears
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	10/30 2 192

What bacterieidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: E. M. Sears	FULL MAIDEN NAME: Effie Hensley
RESIDENCE: 12th & Belmont Caldwell, Idaho	RESIDENCE: 12th & Belmont Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 33	AGE AT LAST BIRTHDAY (Years): 30
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Commission- Fruit & Veg.	OCCUPATION: Commission- Fruit & Veg.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole, M. D. (Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Oct. 30-1922 John L. Meyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

YYS-630-614-369

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106369

County of Canyon
City of Huston
No. R. # 1 St.
Registration District No. 8
File No.
Hospital
Primary Registration District No. 2005
Registered No. 222

FULL NAME OF CHILD Frank Torrance Munsey
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	10/30 2 192

What bacteriolidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Cassius M. Munsey	FULL MAIDEN NAME: Hazel P. Torrence
RESIDENCE: Huston, Idaho R. # 1	RESIDENCE: Huston, Idaho R. # 1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Virginia	BIRTHPLACE: Montana
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. B. Dudley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

Filed Oct. 30 1922 John H. Meyer
Registrar.

.....
Registrar.

STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

NOV 1 3 1922

Boise, Idaho, NOV 13 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Kuna

Street: .....

County: Canyon

File Number: ~~106369~~ 106369

Registration Dist. No. .....

Date of Birth: Oct 30 ..... 192 2

Sex of Child: Male ~~Female~~ ~~Female~~

Father: Cassius M. Murray (Full Name)

Mother: Hazel Pearl Torrance (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Frank Torrance Murray (Child's Name in Full)

Hazel Murray (Signature of Father or Mother)

JAN 27 1943

AUG 11 1959

DEC 6 1943

JUN 19 1944

897-271-074-493

Middle name amended
3-13-86 TC

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 522 S. 3rd St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106370

Registration District No. 3 File No.

Primary Registration District No. 2005 Registered No. 223

FULL NAME OF CHILD Nydia Camille Camielle Higgins
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	Yes	10/31 192

What bacteriecidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1

Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Samuel Clifford Higgins	FULL MAIDEN NAME: Nydia Belle Milliner
RESIDENCE: Caldwell, Idaho	RESIDENCE: Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Utah
OCCUPATION: Railroader	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:15 P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Nov. 2 1922 John N. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 6 1944

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF

State of Idaho
County of Ada } ss. MAR 12 9 35 AM '86

Certificate No. 106370
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Nydia Camielle Higgins (Name on Original Certificate) who was born (Was Born, Died, etc.) on October 31, 1922 (Date of Event)

in Caldwell (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's middle name	Camielle	Camille

Subscribed and sworn to before me this 12th day of February, 1986.
Notary Public, Florence Curtright
Residing at Boise
My commission expires 4-20-86
(Seal)

x William W. Rhoden Jr.
Signature of Applicant
1016 No. 19th ST.
Street Address, City, State
Boise, ID. 83702

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ___ day of ___, 19___.
Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature
Street Address, City, State

2-12-86

Own child's birth certificate on file with State of Idaho shows mother's maiden name as Nydia Camille Higgins. born in Caldwell, Idaho. Child born Sept. 24, 1958, in Caldwell, Idaho.
Viewed by V.S.

INSURANCE POLICY ISSUED BY BANKERS LIFE COMPANY ON NOVEMBER 1, 1955 SHOWS NAME AS CAMILLE HIGGINS. POLICY # 1017432.
VIEWED BY VS

792-206-014-133

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. R. # 2 St.
Hospital

Registration District No. 8 File No. 106371
Primary Registration District No. 2905 Registered No. 224

FULL NAME OF CHILD Ei Letta Gibbs
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	11/6/192 2

What bacterieidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Thos. H. Gibbs	FULL MAIDEN NAME: Nettie P. Atteberry
RESIDENCE: Caldwell, Idaho, R. # 2	RESIDENCE: Caldwell, Idaho, R. # 2
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Kansas
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Dudley, M. D. (Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Nov. 7- 1922 John H. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED DEC 29 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Canyon

File Number 106371

Registration Dist. No. .....

Sex of Child Female

Date of Birth Nov. 16th 192.2

Father Thomas Harper Gibbs (Full Name)

Mother Nettie Pearl Atteberry (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ei Letta Gibbs
Child's Name in Full

[redacted] Gibbs
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

945-20-7:014-281

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 106372

County of Canyon

~~City of~~ Nampa

No. R. # 1 St.

Registration District No. 8

Hospital

Primary Registration District No. [redacted]

Registered No. 225

FULL NAME OF CHILD Betty Jean Ruegg
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) 192 (Year)
Female		Yes	11/7 2

What bacterieidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: George F. Ruegg	FULL MAIDEN NAME: Inez May Shumway
RESIDENCE: Nampa, Idaho R. # 1	RESIDENCE: Nampa, Idaho, R. # 1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Oregon
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Dudley
(Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Nov. 8 1922 John L. Inness
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH
FOR EACH CHILD AND THE SAME COMPLETED WI

- - - - - - - -

SEP 22 1941

BUREAU OF VITAL STATISTICS.

Place of Birth
City Nampa
Street
County Canyon

File Number ~~96816~~ 106372

Registration Dist. No.

Sex of Child ~~Female~~ Female

Date of Birth Nov 7 1922

Father George F. Ruegg
Full Name

Mother Inez Mae Shum
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Betty Jane Ruegg
Child's Name in Full

George F. Ruegg
Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

259-109-014-433

PLACE OF BIRTH

County of Canyon

City of Parma

No. _____ St.

Hospital _____

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 1—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106373

Registration District No. 3 File No. _____

Primary Registration District No. 2007 Registered No. 76

Full Name of Child William McCoy Seiber

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Oct. 9 22 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Wm H. Seiber	FULL MAIDEN NAME: LILLY Bell McCoy
RESIDENCE: Parma WASHINGTON	RESIDENCE: Parma
COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Mo	BIRTHPLACE: Mo.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 6:30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Mitchell

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__ Address _____

_____ Registrar Filed 11-1 1922 Lulu Waldrop Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 22-247050

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
DEC 27 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... Ja[illegible] 22 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City ..... Parma
- Street ..... Idaho
- County .....

File Number ..... ~~95850~~ 106373

Registration Dist. No. .....

Sex of Child ..... ~~Male~~ Male

Date of Birth ..... Oct. 9 1922

Father William Washington Seiber (Full Name) Mother Lilly Belle McCoy (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William McCoy Seiber
Child's Name in Full

William Seiber
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

SE 1 Be 2

519-105-014-666 (Be sure the information is complete and accurate)

Amended 6-27-67

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 106374
Local Reg. No. 75
Reg. Dist. No. 3

1. PLACE OF BIRTH
a. COUNTY: Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wilder
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wilder
d. STREET ADDRESS (If rural, give location): R.D.

3. CHILD'S NAME (Type or print)
a. (First): David
b. (Middle): Carlyle
c. (Last): Carter

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Oct. 5, 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Ezra
b. (Middle): Murray
c. (Last): Carter

8. AGE (At time of this birth): 35 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Kansas

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Ruth
b. (Middle):
c. (Last): Wood

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Iowa

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. M. Mitchell

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 11-1-1922

22. REGISTRAR'S SIGNATURE: Lulu Waldrop

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a test for hypothyroidism performed? YES ____ NO ____ DATE ____

Was a test for galactosemia performed? YES ____ NO ____ DATE ____

Was a test for sickle cell anemia performed? YES ____ NO ____ DATE ____

Was a test for hemoglobinopathy performed? YES ____ NO ____ DATE ____

Was a test for other metabolic disorders performed? YES ____ NO ____ DATE ____

Was baby breastfed? YES ____ NO ____

Was baby bottlefed? YES ____ NO ____

Was baby given supplemental feedings? YES ____ NO ____

Was baby given vitamin D? YES ____ NO ____

Was baby given fluoride? YES ____ NO ____

Was baby given iron? YES ____ NO ____

Was baby given other vitamins? YES ____ NO ____

Was baby given other medications? YES ____ NO ____

Was baby given other nutritional supplements? YES ____ NO ____

Was baby given other medical treatments? YES ____ NO ____

Was baby given other health services? YES ____ NO ____

Was baby given other immunizations? YES ____ NO ____

Was baby given other screenings? YES ____ NO ____

Was baby given other tests? YES ____ NO ____

Was baby given other procedures? YES ____ NO ____

Was baby given other treatments

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 8 1967
Bureau of Vital Statistics

State of Idaho
County of Canyon } ss.

Certificate No. 106374

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for David Carlysle Carter (Name on Original Certificate) who was born (Was Born or Died) on Oct. 5, 1922 (Date of Event)
in Wilder, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on 6-21-1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	David Carlysle Carter	David Carlyle Carter
Full Name of Father	Raymond Carter	Ezra Murray Carter

Subscribed and sworn to before me this 5th day of June, 1967.

Notary Public, residing at Nampa, Idaho
My commission expires 1-1-70
(Seal)

Signed Ruth G Carter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mrs E M Carter
Caldwell Rt 4 Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed Clarice L Roberts
(Signature of Any Credible Person)
420 9th st Nampa - Idaho 83651
(Street Address, City, State)

FORM DH 60-155 CL 5-29-67. two copies pd.

Certificate of Completion of Works, permit no. 20219, dated Nov. 21, 1956 signed by Mark R. Kulp, State Reclamation Engineer - gives full name as Ezra Murray Carter- viewed by V.S.

Photo Copy of Pages from Family Registrer, gives full names as Ezra Murray Carter, born Oct. 29, 1887, Ruth Gladys Wood, born March 3, 1897 and David Carlyle Carter, born Oct. 5, 1922 in Canyon County, Idaho - viewed by V.S. appears old and unaltered-

Cert. Copy of Own Child's Birth Cert., State of California, copy issued May 13, 1959 gives full name of child as Carol Ann Carter, born Jan. 4, 1954 at Marysville, Yuba County, California - gi es full name of parents as David Carlyle Carter and Winifred Koreen Hudson - viewed by V.S.

Photo Copy o originial Official Registration Card Northwest Nazarene College, Nampa, Idaho - gives full name of student as David Carlyle Carter, born Sept. 24, 1940, Reg. No. 715, Classification-Freshman - viewed by V.S. copy made of orr. record dated May 29, 1967 by Wanda McMichael, Associate Registrar - viewed by V.S.

122-128-014-635

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma R.D.

No. _____ St.

Hospital _____

Registration District No. 3

File No. 106375

Primary Registration District No. 2007

Registered No. 77

Full Name of Child Orville Leston Abbott

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes	Sept 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gurnsey Abbott	FULL MAIDEN NAME	Rita Fletcher
RESIDENCE	Parma R.D.	RESIDENCE	Parma R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ore
OCCUPATION	Farmer	OCCUPATION	House[illegible]

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Mitchell

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Parma Ida

Filed 11-1 1922 Lulu Halchop

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ~~NOV 17 1922~~ .....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED DEC 26 1922 BUREAU OF VITAL STATISTICS

City Parma

Street .....

County Canyon

File Number ~~97890~~ 106375

Registration Dist. No. .....

Date of Birth September 28 1922

Sex of Child ~~Male~~ Male

Father Gurney Harlan Abbott (Full Name)

Mother Rita Belle Fletcher (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Orville Leston Abbott
Child's Name in Full

Gurney H. Abbott
Signature of Father or Mother

NOV 1 6 1973

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

814-116-014-299

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder Rd

RECEIVED
NOV 18 1922
Registration District No. 3

106376

No. _____ St.

Primary Registration District No. 2007

File No. _____

Registered No. 73

Hospital _____

Full Name of Child Kineth Neil Hamilton

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Sept 16 22 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Forest H. Hamilton	FULL MAIDEN NAME	Ardis Briggs
RESIDENCE	Wilder RD	RESIDENCE	Wilder RD.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born, at 11 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Mitchell

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Pomona Ida

Registrar

Filed 12-10 1922 Lulu Halchop
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

No card made for this

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 4 N 31 1922 192...

RECEIVED DEC 26 1922 VITAL STATS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Wilder

Street: .....

County: Canyon

File Number: ~~96558~~ 106376

Registration Dist. No. .....

Sex of Child: ~~Male~~ Male

Date of Birth: Sept. 16 1922.

Father: Forest Perry Hamilton (Full Name)

Mother: Addis Mae Briggs (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Kenneth Neil Hamilton

Child's Name in Full

Mrs Forest Hamilton

Signature of Father or Mother

APR 18 1945

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

168-210-01322.7

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No 1 [redacted]

County of Canas

CERTIFICATE OF BIRTH

106377

City of Conal

Registration District No. 58th File No.

No. 1 mile East St.
4 " South

Primary Registration District No. 2138 Registered No.

Hospital

FULL NAME OF CHILD Laura Phyllis Johnson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Oct. 10th 1922

FATHER		MOTHER	
FULL NAME	Earl Henry Johnson	FULL MAIDEN NAME	Emma Mary Skinner
RESIDENCE	Conal, Idaho	RESIDENCE	Conal, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Wisconcin	BIRTHPLACE	Michigan.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wellencheck

Phys (Physician or midwife)

Address Fairfield, Idaho

Given names added from a supplemental report.

19

Registrar

Filed 10-20 1922 L.W. Wellencheck Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

OCT 15 1943

JAN 20 1944

MAY 1 - 1958

685-225-013-693

RECEIVED
NOV 10 1922
VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

Registration District No. 58a

File No. 106378

No. 3 miles North St.
1 " West

Primary Registration District No. 2138

Registered No.

Hospital

FULL NAME OF CHILD Doris Irene Wheatcroft

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes	Oct. 25th 1922

FATHER

FULL NAME: John Wheatcroft

RESIDENCE: Fairfield, Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: England

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Caroline ada Wilkins

RESIDENCE: Fairfield, Idaho.

COLOR: white

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: England

OCCUPATION: Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 P. M. on the date above stated.

(Signature) L Wilencheck

Phys. (Physician or midwife)

Address Fairfield, Idaho

Filed 11-8 1922 L Wilencheck Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1942

291-128-013-799

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

Registration District No. 58th File No. 106379

No. 3 1/2 miles West St.

4 " South

Primary Registration District No. 2138 Registered No.

Hospital

FULL NAME OF CHILD Richard Date Kramer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male.		yes	Oct. 28th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy Virgil Kramer	FULL MAIDEN NAME	Lillie Eudora Grimm
RESIDENCE	Fairfield, Idaho	RESIDENCE	Fairfield, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys (Physician or midwife)

Given names added from a supplemental report.

19

Address Fairfield, Idaho

Registrar

Filed 11-8 1922 L Wilencheck Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED JAN 24 1923 BUREAU OF VITAL STATISTICS

NOV 8 1922

Boise, Idaho, ...192...

Dear Madam

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Fairfield

Street: .....

County: Camas

File Number: ~~99710~~ 106379

Registration Dist. No. .....

Date of Birth: Oct 28 1922

Sex of Child: ~~Female~~ Male

Father: Roy Wing Kramer (Full Name)

Mother: Lillie Adarah Grimm (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Richard Dale Kramer

Child's Name in Full

Roy Kramer

Signature of Father or Mother

DEC 1? 1941

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

[redacted]

312-216-014-493

PLACE OF BIRTH

RECEIVED
NOV 1 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106380

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. 9 File No. .....

Primary Registration District No. 1007 Registered No. 7

FULL NAME OF CHILD Mary Yoshiki Takata
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			Yes	Oct 16 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Kaname Takata	FULL MAIDEN NAME	Katsu Inushima
RESIDENCE	Parma	RESIDENCE	
COLOR	yellow	COLOR	yellow
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Cook	OCCUPATION	H.W.

1st copy issued 12/29/42

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 30 a.m. on the date above stated.
(Born alive or stillborn)

2nd copy issued Apr. 2, 1942

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Malcho[illegible]

(Physician or midwife)

Address Parma

Filed 11-1-1922 Ruby Malcho[illegible]
Registrar

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

DEC 29 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 106380

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) for Yoshiko Takatori (Name on Original Certificate) who born (Was Born or Died) on Oct. 16, 1922 (Date of Event) in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Yoshiko Takatori	Mary Yoshiko Takatori

Subscribed and sworn to before me this 25th day of March, 19 42

Ernest Anderson
Notary Public, residing at Parma, Idaho.

My commission expires February 11, 1946.
(Seal)

Signed Fred. Kanamé Takatori
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Parma, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 3 1942

DEC 6 1965

MAR 19 1954

89 S-130-014-816

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106381

RECEIVED NOV 1 [illegible]

County of Canyon

City of Parma

No. ..... St. Registration District No. 3 File No. .....

Hospital ..... Primary Registration District No. 107 Registered No. 7-471

FULL NAME OF CHILD Forest Paul Hinchliff
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Oct 20 1922

What bacterieidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Paul Hinchliff	FULL MAIDEN NAME	Clarice Hawley
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ind.	BIRTHPLACE	Idaho
OCCUPATION	School Instructor	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W E Malcolm

(Physician or midwife)

Address Parma

Give names added from a supplemental report.

....., 19.....

Filed 11-1-1922 Lulu Malcolm
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 14 1942

MAR 12 1943

713-02-064-243

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St. .....

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 106382

Primary Registration District No. 2007 Registered No. 290

FULL NAME OF CHILD Gerald Edwin Pack
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Nov 2 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Marley M. Pack	FULL MAIDEN NAME	Mabel Sullivan
RESIDENCE	Parma, Idaho	RESIDENCE	Parma Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	W Va	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W E Waldrop
(Physician or midwife)

Address Parma

Filed Nov. 4 1922 Lulu Waldrop
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-212-014-244

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of

City of

No. , St.

Hospital

RECEIVED DEC 11 1922 BUR... STA...

Registration District No. 3

File No. 106383

Primary Registration District No. 1007

Registered No. 89

FULL NAME OF CHILD Mary Maxine Castater

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day)
F		yes	Nov 12

FATHER		MOTHER	
FULL NAME	Ralph Castater	FULL MAIDEN NAME	Helen H Bumgarner
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY 30 (Years)	COLOR	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Idaho
OCCUPATION	P.M.	OCCUPATION	H W

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W E Waldrop

(Physician or Midwife)

Given names added from a supplemental report

Address

Date 12-11-22 [illegible] Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RECORD must be made for each and the number of each, in order of birth, stated.

OCT 25 1946

231-118-014-313

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma Registration District No. 3 File No. 106384

No. St.

Primary Registration District No. 2007 Registered No. 88

Hospital

FULL NAME OF CHILD Kermit Wilfred Dearborn Jr.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Nov. 18 1922

FATHER	MOTHER
FULL NAME John Willard Dearborn	FULL MAIDEN NAME Ledla Tucker
RESIDENCE O.S.L. R.R. Relief-man	RESIDENCE Tronda
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Street Maryland	BIRTHPLACE Rupert Mo.
OCCUPATION Telegraph Operator	OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at midnight M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Don S. Numbers

Physician
(Physician or Midwife)

Address Parma Idaho

Filed 12-1 1922 Lucile Waldrop
Registrar

DECEASED

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1944

769-212-014-691

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Registration District No. 3 File No. 106385

Hospital Home

Primary Registration District No. 2007 Registered No. 87

FULL NAME OF CHILD Trulah Gertrude Goin.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov 12 1922

What bactericidal solution was used in eyes? Ag No 3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Paul Goin	FULL MAIDEN NAME	Laura Frank
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Warrensburg Mo	BIRTHPLACE	Wayne Co Ohio.
OCCUPATION	Farmer	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was boundive 11 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch
M.D.
(Physician or midwife)

Address Wilder Ida

Filed 12-1 1922 Lulu Waldrop
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1974

219-225-014-753

State Board of Health, Division of Vital Statistics

State Registered No. 106386

Local Registered No. 86

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH—

County Canyon State of [redacted] IDAHO

Township ..... or Village .....

City Parma No. 5 Mi N. W. St. ..... Ward

(If birth occurred in a hospital or institution, give its name instead of street and number)
(If in country, give distance and direction from nearest town)

2. Full name of child Olive Marie Bailey If child is not yet named, make supplemental report, as directed

3. Sex of child F | To be answered ONLY in event of plural births. 4. Twin, triplet or other ✓ 5. Number, in order of birth ✓ | 6. Legitimate? yes | 7. Date of birth Oct 25 1922 (Month, day, year)

8. FATHER	14. MOTHER
Full name Geo. Bailey	Full maiden name Ruth Pettit
9. Residence (Usual place of abode) If nonresident, give place and State Parma	15. Residence (Usual place of abode) If nonresident, give place and State Parma
10. Color or race W 11. Age at last birthday 29 (Years)	16. Color or race W 17. Age at last birthday 29 (Years)
12. Birthplace (city or place) ..... (State or country) Minn	18. Birthplace (city or place) ..... (State or country) Mo
13. Occupation Rancher Nature of industry	19. Occupation Housewife Nature of industry .....

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P.m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J Sarazin MD
Physician
(Physician or Midwife)

Given name added from a supplemental report ..... (Month, day, year)

Address Nyssa Ore

Filed 12-1, 1922 Lulu Waldrop
Registrar.

Registrar.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife with the local registrar within 10 days after birth.

POSTOFFICE ADDRESS OF MOTHER .....

DEC

493-121-014-815

PLACE OF BIRTH

RECEIVED DEC 11 1922 STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106387

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Registration District No. ..... File No. ~~85~~

Hospital Home

Primary Registration District No. ..... Registered No. 85

FULL NAME OF CHILD Eugene Brenton Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 21 1922

What bactericidal solution was used in eyes? Ag Nos 1%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Clyde Brenton Miller	FULL MAIDEN NAME	Grace Hannah
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ile Moines Iowa	BIRTHPLACE	Ottowa Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Boach
M. D.
(Physician or midwife)

Address Wilder Ida

Filed 12-1 1922 Lulu Waldrop
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 194

314-112-014-219

PLACE OF BIRTH

DEC 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

Registration District No. 8 File No. 106388

Primary Registration District No. 2007 Registered No. 84

FULL NAME OF CHILD Vernon Morton Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Oct 12 1922

What bactericidal solution was used in eyes? Ag No 3 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Oliver M. Campbell	FULL MAIDEN NAME	Elsie May Baird
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Indiana	BIRTHPLACE	Fresno Cal.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch
M D
(Physician or midwife)

Address Wilder Ida

Filed Dec 1 1922 Lulu Waldrop
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1972

SEP 23 1953

DEC 17 1957

DEC 30 1941

255-107-014-543

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106389

County of Canyon

City of Wilder

No. ..... St.

Registration District No. 8 File No. .....

Hospital Home Primary Registration District No. 2 4 5 7 Registered No. 8 3

FULL NAME OF CHILD Ray William Beebee

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 7 1922

What bactericidal solution was used in eyes? Arg NO3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Glenn S Beebe	Fanny Mathews
RESIDENCE	Wilder Ida	Wilder Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	22 (Years)
BIRTHPLACE	Cheyenne Wyo	Gordonsville Mo
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 10 M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Brock MD

(Physician or midwife)

Address Wilder Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 12-1-1922 Lulu Waldrop
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 31 1958
MAR 13 1973

259-202-014-218

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 11 1922
VITAL STATISTICS

County of Canyon

City of Wilder

CERTIFICATE OF BIRTH

Registration District No. 9 [redacted] File No. 106390

No. ..... St.

Primary Registration District No. 2 0 0 Registered No. 82

Hospital .....

FULL NAME OF CHILD Mary Louella Berge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F M			yes	Oct	2	19 22

FATHER		MOTHER	
FULL NAME	Floyd J Berge	FULL MAIDEN NAME	Eva May Bay
RESIDENCE	Wilder	RESIDENCE	Wilder
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Or	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 30 M.
(Born alive or stillborn)
on the date above stated. Oct 2 1922

(Signature) Simeon Hopper M.D.
(Physician or midwife)

Address Homedale Ida

Filed 12-1 1922 Lulu Waldron
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 32-246613

239129.014.533

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 11 1922

CERTIFICATE OF BIRTH

County of Canyon
City of Wilder
No. ..... St.
Hospital Home

Registration District No. 8
Primary Registration District No. 2007

File No. 106392
Registered No. 80

FULL NAME OF CHILD Leonald Strode
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 29 1922

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Don Lee Strode	FULL MAIDEN NAME	Ruth Van Etta
RESIDENCE	Wilder Idaho	RESIDENCE	Wilder Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Trenton Mo	BIRTHPLACE	Vancouver Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Borch
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Wilder Idaho

Filed Dec 1 1922 Lulu Waldrop
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/1/41 L. B.

813-122-014-465

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon RECEIVED DEC 11 1922

City of Parma

Registration District No. 8 File No. 106393

No. St.

Primary Registration District No. 2007 Registered No. 79

Hospital

FULL NAME OF CHILD Albert Winston Hathaway

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sep. 22 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. Herbert Hathaway	FULL MAIDEN NAME	Viola Anne Monson
RESIDENCE	Klamath Falls, Ore.	RESIDENCE	Klamath, Falls, Ore.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Pequot, Minn.	BIRTHPLACE	Wheatland, Cal.
OCCUPATION	Electrical Engineer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Don S. Numbers

Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Dec 1 1922 Lulu Waldrop
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1941

437-104-814-168

State Board of Health, Division of Vital Statistics

State Registered No. 106394

Local Registered No. 71

CERTIFICATE OF BIRTH

RECEIVED DEC 11 1922

1. PLACE OF BIRTH—

County Canyon State of Idaho

Township ..... or Village .....

City Parma No. 2 mi N St. ..... Ward

(If birth occurred in a hospital or institution, give its name instead of street and number)
(If in country, give distance and direction from nearest town)

2. Full name of child HARRY EDWARD McGregor — If child is not yet named, make supplemental report, as directed

3. Sex of child M — To be answered ONLY in event of plural births. 4. Twin, triplet or other ✓ 5. Number, in order of birth ✓ — 6. Legitimate? Yes — 7. Date of birth Sept 4 1922 (Month, day, year)

8. FATHER	14. MOTHER
Full name Harry McGregor	Full maiden name Iris E. Johnson
9. Residence (Usual place of abode) If nonresident, give place and State Parma	15. Residence (Usual place of abode) If nonresident, give place and State Parma
10. Color or race W — 11. Age at last birthday 40 (Years)	16. Color or race W — 17. Age at last birthday 33 (Years)
12. Birthplace (city or place) (State or country) Idaho	18. Birthplace (city or place) (State or country) Minn
13. Occupation Nature of industry Laborer	19. Occupation Housewife Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Sarazin MD
Physician
(Physician or Midwife)

Given name added from a supplemental report ..... (Month, day, year)

Address .....

Registrar.

Filed 11/10, 1922 [signature] Registrar.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife with the local registrar within 10 days after birth.

POSTOFFICE ADDRESS OF MOTHER .....

SEVERAL

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 106394

County of Siskiyou } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Unnamed McGregor (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 4 1922 (DATE OF EVENT) in Parma, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed McGregor	Harry Edward McGregor

Subscribed and sworn to before me this 14th day of January, 1942.

W. J. Maginnis

Notary Public, residing at NOTARY PUBLIC IN AND FOR THE COUNTY OF SISKIYOU, STATE OF CALIFORNIA.

My commission expires Oct 25, 1942

(SEAL)

Signed Elsie Lus McGregor

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

415 S Broadway Yreka, Calif

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Siskiyou }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of January, 1942.

W. J. Maginnis

Notary Public, residing at NOTARY PUBLIC IN AND FOR THE COUNTY OF SISKIYOU, STATE OF CALIFORNIA.

My commission expires Oct 25, 1942

(SEAL)

Signed Harry E McGregor Jr

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

415 S. Broadway Yreka, Calif.

(STREET ADDRESS, CITY, STATE)

Received for filing on [illegible] By .....

(REGISTRAR'S SIGNATURE)

JAN 24 1942

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife with the local registrar within 10 days after birth.

POSTOFFICE ADDRESS OF MOTHER

State Board of Health, Division of Vital Statistics

819-201-014-864

State Registered No. 106395

Local Registered No. 77

CERTIFICATE OF BIRTH

DEC 11 1922

1. PLACE OF BIRTH—

County Canyon State of Idaho

Township ..... or Village .....

City ..... No. 4 mi N. W. St. ..... Ward

(If birth occurred in a hospital or institution, give its name instead of street and number)
(If in country, give distance and direction from nearest town)

2. Full name of child MARGIE LeWANNA Harrison — If child is not yet named, make supplemental report, as directed

3. Sex of child F — To be answered ONLY in event of plural births. 4. Twin, triplet or other ✓ 5. Number, in order of birth ✓ — 6. Legitimate? Yes — 7. Date of birth Sept 1 1922 (Month, day, year)

8. FATHER	14. MOTHER
Full name: Geo Harrison	Full maiden name: Goldie Young
9. Residence (Usual place of abode) If nonresident, give place and State: Parma Ida	15. Residence (Usual place of abode) If nonresident, give place and State: Parma Ida
10. Color or race: W — 11. Age at last birthday 29 (Years)	16. Color or race: W — 17. Age at last birthday 22 (Years)
12. Birthplace (city or place) Arkansas (State or country)	18. Birthplace (city or place) Ore (State or country)
13. Occupation Laborer — Nature of industry	19. Occupation Housewife — Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P.m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Saragan MD
Physician
(Physician or Midwife)

Given name added from a supplemental report ..... (Month, day, year)

Address Nyssa Ore

Filed 11/10, 1922 Lulu Waldrop
Registrar.

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 106395

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Girl (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 1, 1922 (DATE OF EVENT)
in Canyon County, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Witnesses (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January 21, 1943 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Margie LeWanna Harrison

Subscribed and sworn to before me this 21st day of January, 1943

Notary Public, residing at Tillamook, Ore.

My commission expires March 21, 1944.
(SEAL)

Signed Mrs. Goldie Hill
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1009 E. 5th St. Tillamook, Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Washington } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of January, 1943

Notary Public, residing at Hillsboro, Oregon

My commission expires Feb. 13-1946
(SEAL)

Signed Geo W Harrison
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2323 Franklin St San Francisco Calif
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1943 By .....
(REGISTRAR'S SIGNATURE)

JAN 27 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLA[redacted]

219-20[redacted]294

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106396

RECEIVED
NOV 13 1922
BUREAU OF VITAL STATISTICS

County of Cassia

City of Burley

No. [redacted] St.

Registration District No. 117 File No.

Hospital

Primary Registration District No. 2196 Registered No. 2394

FULL NAME OF CHILD Della Bailey.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and	2nd	Yes.	Oct 1 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2nd

FATHER		MOTHER	
FULL NAME	A. C. Bailey.	FULL MAIDEN NAME	Ruby Simons.
RESIDENCE	Burley. Ida.	RESIDENCE	Burley. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ut.	BIRTHPLACE	Utah.
OCCUPATION	Brakeman.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. L. Patterson
Physician.
(Physician or midwife)

Address Burley. Idaho.

Filed Oct. 14 1922 Dr. J. L. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

[redacted]

JAN 24 1968

219101-26-298

RECEIVED
NOV 10 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 117 File No. 106397

Primary Registration District No. 2196 Registered No. 2393

FULL NAME OF CHILD Dale Bailey.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1st	Yes.	Oct. 1 192 7

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	A. C. Bailey.	FULL MAIDEN NAME Ruby Simons.
RESIDENCE	Burley. Ida.	Burley. Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	29
BIRTHPLACE	Neb.	Utah.
OCCUPATION	Brake-man.	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. C. Patterson
Physician
(Physician or midwife)

Address Burley. Idaho.

Filed Oct. 14 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-206-016-818 child's & father's name amended 5-16-88 lh

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106398

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 117 File No. ____

Primary Registration District No. 2196 Registered No. 2395

FULL NAME OF CHILD FLORETTA Mc LAWS ~~Mc Clain~~

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	Oct 6 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	MELVIN Mc LAWS ~~M. Mc Clain~~	FULL MAIDEN NAME Sarah Haynes
RESIDENCE	Burley Idaho	Burley Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	Idaho.	Utah.
OCCUPATION	Farming.	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Dr. J. S. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Filed Oct 16 1922 Dr. J. S. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-4-88

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Oregon } ss. MAY 1 5 1988 Certificate No. 106398
County of Jackson } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Mc Claus (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 6, 1922 (Date of Event)

in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Unnamed Mc Claus	Floretta Mc Laws
Father's name	M. Mc Claus	Melvin Mc Laws

Subscribed and sworn to before me this 14 day of March, 1988.

Notary Public, State of Ore Marjorie Ann Nunez
Residing at Medford Oregon
My commission expires 10-24-90
(Seal)

x Floretta Goose
Signature of Applicant

x 485 Deane Ave Eugene Or 97404
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss. (Must be completed __)
County of _____ } (Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

MAY 1 6 1988

Certificate of Blessing from the Church of Jesus Christ of Latter-Day Saints - shows Floretta McLaws daughter of Melvin McLaws and Sarrah Ann Haynes Born October 6, 1922 at Burley Cassia, Idaho was blessed November 19, 1922 by George H. Lewis. Signed by Alma C. Tilley Bishop and Alma R. Tilley Clerk. Viewed by V.S.

Record of Baptism from LDS Church - Historical Dept. gives name as Floretta McLaws, daughter of Melvin McLaws and Sarah Ann Haynes, born Oct. 6, 1922 at Burley, Cassia Co., ID. Baptized Aug. 1, 1931 by James W. Knight. Boise State, Emmett Ward. Viewed by V.S.

363-217-016-8-45

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia
City of Burley
No. R. F. D. 4 St.
Hospital
Registration District No. 117
Primary Registration District No. 2196
File No. 106399
Registered No. 2397

FULL NAME OF CHILD Dorothy Jane Tolman
(Certificate of no value without full name of child.)

Sex of Child: ~~Male~~ F
Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)
Legitimate? Yes.
Date of birth: Oct. 17 (Month) (Day) 1922 (Year)

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 11

FATHER		MOTHER	
FULL NAME	~~Chas~~ C. O. Tolman	FULL MAIDEN NAME	Sarah Ann Hunt
RESIDENCE	Burley. R. F. D. 4	RESIDENCE	Burley. Ida R. 4
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Idaho.	COLOR	White
OCCUPATION	Farming.	AGE AT LAST BIRTHDAY (Years)	34
		BIRTHPLACE	Idaho.
		OCCUPATION	Hsfe.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19....

Registrar.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)
Address Burley Idaho
Filed Oct. 24 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: Rt #1

County: Cassia

File Number: 106399

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Oct 17 192[illegible]

Father: Cyrus O. Tolman (Full Name)

Mother: Sarah A. Hunt Tolman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dorthy Jane Tolman
Child's Name in Full

Mrs Sarah A Tolman
Signature of Father or Mother

n

Died 9-29-03

615-218-016-855

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106400

County of Cassia

City of Burley

No. ____ St.

Registration District No. 117 File No. ____

Hospital ____ Primary Registration District No. 2196 Registered No. 2398

FULL NAME OF CHILD Ruth Jane Hancock.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	Oct. 18 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lot Hancock.	FULL MAIDEN NAME	Opal Henroid.
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Farming.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Filed Oct 26 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

884295-016-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106401

County of Cassia

City of Burley

No. ____ St. ____

Hospital ____

Registration District No. 117

Primary Registration District No. 2196

File No. ____

Registered No. 2399

FULL NAME OF CHILD Maxene Hymas.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	Sept. 5 1922

What bactericidal solution was used in eyes? Silver Nitrate.

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Geo. A. Hymas.	FULL MAIDEN NAME	Emma Johnson.
RESIDENCE	Burley. Ida.	RESIDENCE	Burley. Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farming.	OCCUPATION	House - wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Patterson

Physician (Physician or midwife)

Address Burley. Idaho.

Give names added from a supplemental report.

....., 19.....

Filed Nov. 2 1922 Jno. J. C. Patterson

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

884-105-016-168

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106402

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 2400

FULL NAME OF CHILD Max le Thymas.

(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet or other~~? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2nd	Yes	Sept 5 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Geo. A. Thymas.	FULL MAIDEN NAME	Emma Johnson
RESIDENCE	Burley. Ida.	RESIDENCE	Burley. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farming.	OCCUPATION	House-wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 30 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician (Physician or midwife)

Address Burley. Ida.

Filed Nov. 2 192X Dr. J. C. Patterson

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 30 1957
JUN 1 1961

113-22-016419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 106403

County of Cassia

City of Burley

No. ..... St.

RECEIVED
NOV 13 1922
BUREAU OF VITAL STATISTICS

Registration District No. 117

Hospital .....

Primary Registration District No. 2196

Registered No. 2401

FULL NAME OF CHILD Boyd Neils Jacobsen.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	and		Yes.	Oct 21 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	N A. Jacobsen.	FULL MAIDEN NAME	Ione Marchant
RESIDENCE	Burley. Ida.	RESIDENCE	Burley. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farming.	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Idaho.

Give names added from a supplemental report.

....., 19.....

Filed Nov. 2 1922 Dr. J. C. Patterson

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-224-016-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 106404

County of Cassia
City of Burley
No. ____ St.
Hospital
Registration District No. 117
Primary Registration District No. 2196
Registered No. 2402

FULL NAME OF CHILD Betty Lou Moffett
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 24 192 2

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	W. A. Moffett	FULL MAIDEN NAME	Alice Robinson
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)
Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov 7 192 2 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: R. F. D. # 2

County: Cassia

File Number: 106404

Registration Dist. No.: 31

Sex of Child: Female

Date of Birth: Oct. 24 1922

Father: Wm Alvin Moffett (Full Name)

Mother: Alice May Robinson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Betty Lue Moffett
Child's Name in Full

W. A. Moffett
Signature of Father or Mother

619-207-016-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECE[illegible]
NOV 1[illegible]
BUREA[illegible]
STA[illegible]

CERTIFICATE OF BIRTH

106405

County of Cassia

City of Burley

No. 411 N. Malta St.

Hospital

Registration District No. 117 File No.

Primary Registration District No. 2196 Registered No. 2403

FULL NAME OF CHILD Flora Warner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 7 1922

What bactericidal solution was used in eyes? Argyrol, 10%, freshly prepared

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Melvin Orrin Warner	FULL MAIDEN NAME	Drusilla Orvilla Prescott
RESIDENCE	Heyburn, Idaho	RESIDENCE	Heyburn, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Coyote, Utah	BIRTHPLACE	Basalt, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Rich

Physician
(Physician or midwife)

Address Burley, Idaho

Filed Nov 2 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-110-016-856

PLACE OF BIRTH

RECEIVED
NOV 1 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106406

County of Cassia

City of Burley

No. Yale Ave. St.

Hospital

Registration District No. 117

Primary Registration District No. 2196

File No.

Registered No. 2404

FULL NAME OF CHILD John William Stokes
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 10 1922

What bactericidal solution was used in eyes? 10% Argyrol, freshly prepared.

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Archibald LaGrand Stokes	FULL MAIDEN NAME	Mary Lupton Heward
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Draper, Utah	BIRTHPLACE	Draper, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.27 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rich

Physician.
(Physician or midwife)

Address Burley, Idaho

Filed Nov 2 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

735-120-016-351

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 10 1927
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106407

County of Cassia
City of Burley
No. 236 S. Hansen St.
Registration District No. 117
File No.
Hospital
Primary Registration District No. 2196
Registered No. 2405

FULL NAME OF CHILD John Alexander Leatham Glenn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 20 1927

What bactericidal solution was used in eyes? 10% argyrol, freshly prepared.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Walter Leslie Glenn	FULL MAIDEN NAME: Emma Leatham
RESIDENCE: Burley, Idaho	RESIDENCE: Burley, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Albion, Idaho	BIRTHPLACE: Wellsville, Utah
OCCUPATION: Postal clerk	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) C. A. Rich.
Physician.
(Physician or midwife)

Address Burley, Idaho

Filed Nov 7 1927 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, NOV 12 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED ... 1923 BUREAU OF VITAL STATISTICS

Place of Birth
City Burley
Street 236 So. Hanson Ave.
County Cassia

File Number ~~94856~~ 106407

Registration Dist. No. .....

Sex of Child ~~Male~~ Male

Date of Birth Oct. 20, 1922

Father Walter Leslie Glenn
Full Name

Mother Emma Leatham Glenn
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

John Alexander Leatham Glenn
Child's Name in Full

Mrs. W. L. Glenn
Signature of Father or Mother

294-225-056-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH 106408

County of Cassia

City of Burley

No. ..... St.

Hospital

Registration District No. 117

Primary Registration District No. 2196

File No.

Registered No. 2406

FULL NAME OF CHILD Della Evelyn Simonson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 25 1922

What bactericidal solution was used in eyes? Arg Nos

Number of child of this mother, including present birth .....

Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Chas A Simonson	FULL MAIDEN NAME	Helma Johnson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farming	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler MD
(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Nov 7 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 30 1942

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: R F D #1

County: Cassia

File Number: ~~9464~~ 106408

Registration Dist. No.: Springdale

Date of Birth: Oct 25 1922

Sex of Child: ~~Male~~ Female

Father: Carl Alfred Simonson (Full Name)

Mother: Hilma Elfrida Johnson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Della Evelyn Simonson

Child's Name in Full

C. A. Simonson

Signature of Father or Mother

665-126-016-284

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 106409

Hospital ..... Primary Registration District No. 2196 Registered No. 2407

FULL NAME OF CHILD Lorenzo Eugene Owen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 26 1922

What bactericidal solution was used in eyes? Ag Nos

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Wm F Owen	FULL MAIDEN NAME	Edith Sturtleff
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Hwy

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler
M.D.
(Physician or midwife)

Address Burley

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov 7 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 3 _ 1923
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, 12/15/22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: R. F. D. # 4

County: Cassia

File Number: 106409

Registration Dist. No.: Trinity

Sex of Child: Male

Date of Birth: Nov. 26 192.2

Father: Wm Frank Owen
Full Name

Mother: Edith Wednettia Shur
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Lorenzo Eugene
Child's Name in Full

Edith S. Owen
Signature of Father or Mother

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106410

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

File No. .....

Hospital .....

Primary Registration District No. 2196

Registered No. 2408

FULL NAME OF CHILD Seymour Chas Preston Jr

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and	3	Yes	Oct 30 1922

What bactericidal solution was used in eyes? Ag NO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME Seymour Chas Preston	FULL MAIDEN NAME Vera Lena Gorman
RESIDENCE Burley	RESIDENCE Burley
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farming	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 30 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler

M D

(Physician or midwife)

Address Burley

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Nov. 7 1922 Dr J C Patterson

Registrar.

[redacted]

~~7-14-41~~

7-14-41

294-202 : 016-245

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital

Registration District No. 167

Primary Registration District No. 2196

File No. 106411

Registered No. 2409

FULL NAME OF CHILD WANDA ELIZABETH Fides

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 2 1922

What bactericidal solution was used in eyes? Arg. Nos

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Leo Fides Jr	FULL MAIDEN NAME	Cora Burnard
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Neb	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hsef

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 1/2 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) F H Cutler MD

(Physician or midwife)

Address Burley Idaho

Filed Nov 7 1922 Dan J. C. Patterson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Cowlitz

Certificate No. 106411

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Wanda Elizabeth Sides (Name on Original Certificate) who was born (Was Born or Died) on October 2, 1922 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Parents' affidavit (Bible Record, Insurance Policy, Etc.) prepared on April 24th, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Wanda Elizabeth Sides

Subscribed and sworn to before me this 24th day of April, 19 43

H. E. Nelson

Notary Public, residing at Castle Rock, Washington

My commission expires January 27th, 1946 (Seal)

Signed Mrs Cora E. Sides - Parent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bank Building, Cowlitz Ave.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Cowlitz

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of April, 19 43

H. E. Nelson

Notary Public, residing at Castle Rock, Washington

My commission expires January 27th, 1946 (Seal)

Signed John Sides - Father
(Signature of Any Credible Person Other Than Previous Year)

Cowlitz Ave.
(Street Address, City, State)

APR 30 1948

792-20 7016-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106412

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

County of Cassia
City of Burley
No. ..... St.
Registration District No. 117
File No. .....
Hospital .....
Primary Registration District No. 2196
Registered No. 2410

FULL NAME OF CHILD Arthella Eunice Pike
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 7 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Oscar S Pike	FULL MAIDEN NAME	Mary Jensen
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:45 a. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler M.D.
(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

Filed Nov 7 1922 Dr. J. C. Patterson
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATISTICS

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Burley
- Street: R.T. #2
- County: Cassia

File Number: ~~05133~~ 106412

Registration Dist. No.:

Sex of Child: ~~Female~~ Female

Date of Birth: Oct. 7 1922

Father: Oscar Dalling Pike
Full Name

Mother: Mary Ann Jensen
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Arthella Annie Pike
Child's Name in Full

Mary A. Pike
Signature of Father or Mother

133-219-01b695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106413

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

File No. .....

Hospital .....

Primary Registration District No. 2196

Registered No. 2411

FULL NAME OF CHILD Emma LaRue Allen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 19 1922

What bactericidal solution was used in eyes? Arg. Nos.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Earl Leroy Allen	FULL MAIDEN NAME	Hazel Vera Winn
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Shoe repairing	OCCUPATION	Hsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P.c. M. on the date above stated.
(Born alive or stillborn)

(Signature) F. V. Cutler

M.D.
(Physician or midwife)

Address Burley Ida

Filed Nov. 7 1922 Dr. J. C. Patterson
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ~~11-1-1927~~ 12/15/22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley Idaho

Place of Birth — Street: 225 E 3rd St

Place of Birth — County: Cassia

File Number: ~~00000~~ 106413

Registration Dist. No.:

Sex of Child: ~~Male~~ female

Date of Birth: Oct. 19 192 2

Father: Earl LeRoy Allen (Full Name)

Mother: Hazel Vera Winn (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Erma La Rue Allen (Child's Name in Full)

Earl LeRoy Allen (Signature of Father or Mother)

APR 2 1975

65-227-0-6-386

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 106414

Primary Registration District No. 2196 Registered No. 2412

FULL NAME OF CHILD Vera La Rue Ferrin

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 27 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Clovis Ferrin	FULL MAIDEN NAME	Alta Lyons
RESIDENCE	Burley Ida	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Ida

Registrar

Filed Nov. 10 1922 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, October 26, 192~~2~~

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED DEC 20 1926 BUREAU OF VITAL STATISTICS

Place of Birth: City Burley

Street 335 S. Oakley Ave.

County Cassia

File Number ~~9210~~ 106414

Registration Dist. No.

Sex of Child ~~Male~~ Female

Date of Birth Aug. 27 192~~2~~.

Father Clovis Ferrin (Full Name)

Mother Alta J. Lyons (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Vera LaRue Ferrin

Child's Name ~~in Full~~

Clovis Ferrin

Signature of Father or Mother

JAN 28 1981

253-113-016-395

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

[redacted] S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 106415

Primary Registration District No. 2196 Registered No. 2413

FULL NAME OF CHILD J. ROBERT KELSEY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 13 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	E. R. Kelsey	FULL MAIDEN NAME	Florena Creer
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Springville Utah	BIRTHPLACE	Spanish Fork Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? Cupp

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Burley Ida

Filed Nov. 10 1922 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. [redacted]
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for unnamed Kelsey (Name on original certificate) who born (Was born or died) on August 13, 1922 (Date of event) in Burley, Idaho, R #1 (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on August 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Kelsey	J. Robert Kelsey

Subscribed and sworn to before me this 30th. day of December, 1941

Notary Public, residing at Burley, Idaho
My commission expires 12-13-42
[SEAL]

Signed Florence Greer / Kelsey mother.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R #1, Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

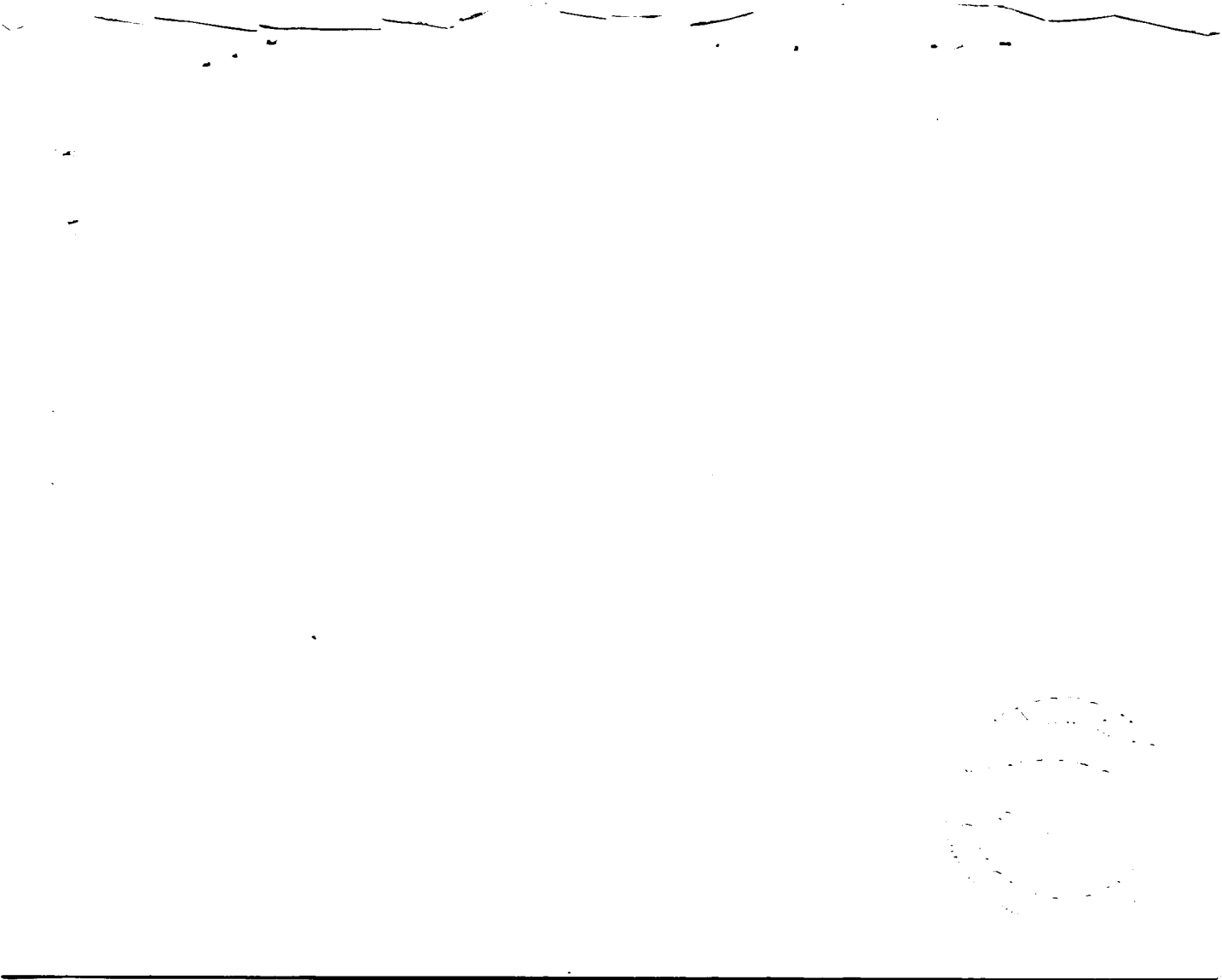
Subscribed and sworn to before me this 30th. day of December, 1941

Notary Public, residing at Burley, Idaho
My commission expires 12-13-42
[SEAL]

Signed [signature]
(Signature of any credible person other than the previous affiant.)

311 N. Almo, Burley, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)



238-222-016-128

Amended 6-26-64

(Be sure the information is complete and accurate)

State File No. 106416

Local Reg. No. 2414

Reg. Dist. No. 117

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Cassia

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albion, Idaho

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Cassia

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albion

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Beverly b. (Middle): Maxine c. (Last): Schmidt

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) Sept. (Day) 22, (Year) 1922

FATHER OF CHILD

7. FULL NAME a. (First): Charles b. (Middle): O. c. (Last): Schmidt

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Albion, Ida.

11a. USUAL OCCUPATION: Mechanic

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Ione b. (Middle): c. (Last): Asher

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Albion, Ida.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: G. H. Cooper

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Burley, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Nov. 10, 1922

20. REGISTRAR'S SIGNATURE: Dr. J.C. Patterson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there l attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of l Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by r cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

(c) State all operation[illegible]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

RECEIVED
JUN 16 1964
Bureau of Vital Statistics

Certificate No. 106416

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Smidt (female child) (Name on Original Certificate) and was born (Was Born or Died) on Sept. 22, 1922 (Date of Event) in Albion, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Beverly Maxine Schmidt
Full Name of Father	Chas. Smidt	Charles O. Schmidt

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Kings

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of June, 1964

Notary Public, residing at 2813 Stanislaus

My commission expires Dec. 23, 1967

(Seal)

IRVING MICKEY PRIDA
Commission Expires Dec. 23, 1967
Balcerstick

Signed X Nella Mae Cheney
(Signature of Any Credible Person)

4638 N 6th Fresno, Calif.
(Street Address, City, State)

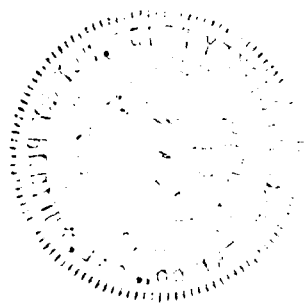
FORM DH 60-155

L 6-4-64. one copy pd.

Photo Copy of Own Child's Birth Cert., State of California, gives full name of child as Jane Jacobus, born July 28, 1945 in Los Angeles County, California to Roland Grey Jacobus and Beverly Maxine Schmidt - viewed by V.S.

Photo Copy of Divorce Decree, State of Washington, dated 1948 gives full name of Plaintiff as Charles O. Schmidt and full name of defendant as Iona A. Schmidt gives one child's full name as Beverly Maxine Schmidt - viewed by V.S.

Photo Copy of Assignment, concerning real estate, dated Jan. 23, 1948 at Colville, Washington gives full names as Charles O. Schmidt and Iona A. Schmidt - viewed by V.S.



618-228-016-221

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

REC... NOV 18 1922 BUREAU ... STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 106417

Primary Registration District No. 2196 Registered No. 2415

FULL NAME OF CHILD Burnetta Wahlstrom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept (Month) 28 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Alber Wahlstrom	FULL MAIDEN NAME	Beda Skarm
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farming	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? Argyol

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. A. Cooper

Physician (Physician or midwife)

Address Burley, Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed Nov. 10 1922 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho,..... NOV. 10 1921 .....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number ..... 106417 .....

Registration Dist. No. .....

Sex of Child.... ~~Female~~ Female .....

Date of Birth .....192....

Father ..... Mother .....
Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

2/3/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS FEB 8 10 43 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 106417

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Wahlstrom (Name on Original Certificate) who was born (Was Born or Died) on Sept. 28, 1922 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Wahlstrom	Burnetta Wahlstrom

Subscribed and sworn to before me this 4 day of Feb., 1977

Alice DeNardi

Notary Public, residing at 1550 Wildwood

My commission expires Dec 1979

(Seal)

Signed Virginia Medley

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2007 N.W. 10th Meridian

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of Feb., 1977

Maria Ford Prosser

Notary Public, residing at 2107 Boise Rd

My commission expires Dec 1979

(Seal)

Signed Elizabeth Peters

(Signature of Any Credible Person)

3946 N. Linda Rd.

Meridian, Idaho 83642

(Street Address, City, State)

FORM DH 60-155

Child's birth certificate issued by State of Idaho June 28, 1942- gives mother's name as Burnetta Jane Wahlstrom. viewed by V.S.

Church record dated 4-15-54 gives name as Burnetta Jane Wahlstrom born Sept. 28, 1922. viewed by V.S.

FEB 8 1977

JUL 2 19[illegible]

MAR 2 7 2000

962-118-016-819

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106418

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 2416

FULL NAME OF CHILD Keith Oliver Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Frank Robinson	FULL MAIDEN NAME	Ella Harper
RESIDENCE	Burley, Ida	RESIDENCE	Burley, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Oakley, Ida.	BIRTHPLACE	Albion, Ida.
OCCUPATION	Insurance Agent	OCCUPATION	Housewife

WHAT PACTERICIDAL SOLUTION WAS USED IN EYES? Argol

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida

Filed Nov. 10 1922 Dr. J. C. Patterson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, 10/15/22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Albion

Place of Birth — Street:

Place of Birth — County: Cassia

File Number: 106418

Registration Dist. No.:

Sex of Child: ~~Male~~ Male

Date of Birth: Oct. 18, 192~~2~~

Father: Franklin Dewey Robinson (Full Name)

Mother: Ella mae Harper (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Keith Oliver Robinson
Child's Name in Full

Ella H. Robinson
Signature of Father or Mother

OCT 15 1942

AUG 29 1962

249.123.016-795

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STA[redacted]
BUREAU OF [redacted]
CERTIFICAT[redacted]

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 11[redacted] File No. 106420

Primary Registration District No. 2196 Registered No. 2418

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept (Month) 23 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Smith	FULL MAIDEN NAME	Pearl Green
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Arizona
OCCUPATION	Farming	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? Argyl

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Ida

Filed Nov. 10 1922 Dr. J. C. Patterson

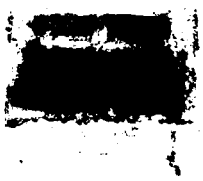
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



219-114-066-693

PLACE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED 1922 VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106421

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 2419

FULL NAME OF CHILD Delbert Roy Bailey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	10/14/1922

What bactericidal solution was used in eyes? Ag No3

Number of child of this mother, including present birth I Number of child of this mother now living, including present birth I

FATHER		MOTHER	
FULL NAME	Nathaniel Bailey	FULL MAIDEN NAME	Jennie Williams
RESIDENCE	Albion	RESIDENCE	Albion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Due alive, at 11 a.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Groom
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rupert

Filed Nov. 9 1922 Dr. J. C. Patterson
Registrar.

SEP 2 6 1974

755-120-016-693

PLACE OF BIRTH

County of Cassia

City of Delo

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106422

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 2420

FULL NAME OF CHILD Francis Adolph Penrod
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 20 1922

What bactericidal solution was used in eyes? AgNO3

Number of child of this mother, including present birth I Number of child of this mother now living, including present birth I

FATHER		MOTHER	
FULL NAME	Francis Penrod	FULL MAIDEN NAME	Florene Williams
RESIDENCE	Delo	RESIDENCE	Delo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 29 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Rupert

Filed Nov 9 1922 Dr. H. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME
CHANGE

PENROD

10T

753-207-016-218

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Elba

No. ..... St.

Hospital .....

Registration District No. 117 File No. 106423

Primary Registration District No. 2196 Registered No. 2421

FULL NAME OF CHILD ~~[illegible]~~ AVA LENA Peterson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Twin		Yes	10 / 7 / 1922

What bactericidal solution was used in eyes? agroz

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Carl J. Peterson	FULL MAIDEN NAME	Lou Bahrom
RESIDENCE	Elba	RESIDENCE	Elba
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Sweden	BIRTHPLACE	Ill
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Groome

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Rupert

Filed Nov 9 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB 1 [illegible]
County of Gooding }

Certificate No. 106423
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Laura May Peterson	Ava Lena

Subscribed and sworn to before me this 2nd
day of February, 1942
G. D. McQuiney
Notary Public, residing at Wendell, Ida.
My commission expires Jan. 2- 1944
(SEAL)

Signed ✓ Carl J Peterson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Wendell, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of February, 1942
G. D. McQuiney
Notary Public, residing at Wendell, Ida.
My commission expires Jan. 2-1944
(SEAL)

Signed ✓ Mrs Lau Stell Peterson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Wendell, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 4 1942 By
(REGISTRAR'S SIGNATURE)

1942

DEC 20 1960

OCT 9 1942

366-106-016-493

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106424

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 2396

FULL NAME OF CHILD Aldon Millard Cooper.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Nov. 6 192 7

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Truman C. Cooper.	FULL MAIDEN NAME	Leota Green.
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Oklahoma.
OCCUPATION	Farming.	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Filed Nov. 14 1927 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

REC'D JAN BUR

Boise, Idaho 12/15/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: City Burley

St. Idaho

County Cassia

File No. 106424

Date of Birth Nov 6 1922

Sex of Child Male

Father Truman C. Cooper Mother Lotia Hilton

I HEREBY CERTIFY that the child herein has been named:

Aldon Millard Cooper

Mrs and Mr Truman C. Cooper

Signature of Father or Mother.

JUL 2 1957
NOV 4 1957
MAR 6 1951

1/17/41

962-104-016-859

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 11 1922

VITAL STATISTICS

CERTIFICATE OF BIRTH

106425

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

File No. .....

Hospital .....

Primary Registration District No. 2196

Registered No. 2422

FULL NAME OF CHILD Samuel Robinson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	Nov. 4 192 7

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	L. E. Robinson	FULL MAIDEN NAME	Florence Herrington
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	N.Y.
OCCUPATION	Farming	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at / A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Patterson

Physician

(Physician or midwife)

Address Burley Idaho

Filed Nov. 13 192 7 Dr. J. C. Patterson

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-110-016-154

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No.

Hospital

RECEIVED DEC 1 1922 BUREAU OF VITAL STATISTICS

Registration District No. 117 File No. 106426

Primary Registration District No. 2196 Registered No. 2423

FULL NAME OF CHILD Fred Don Gillett
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	Nov. 10 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	L. A. Gillett	FULL MAIDEN NAME	Wilma Anderson
RESIDENCE	Burley, Ida	RESIDENCE	Burley, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley, Idaho

Filed Nov. 13 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
JAN 25 1923
BUREAU OF VITAL STATISTICS

Boise, Idaho 12/15 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Declo

(St. _____

(County Cassia

File No. 106426

Date of Birth Nov. 10, 1922

Sex of Child Male

Father Tooele, Utah Mother Grantsville Utah

I HEREBY CERTIFY that the child herein has been named:

Fred Don Gillett.

Mrs. L. A. Gillett.

Signature of Father or Mother.

JUN 2 5 1943

Mother

Sex of Child

Date of Birth

Case No.

793-1041016-619

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC ... 1927
BUREAU OF ... STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 106427

Primary Registration District No. 2196 Registered No. 2424

FULL NAME OF CHILD Bula Cayley Pickett
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Nov. 4 1927

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	B. E. Pickett	FULL MAIDEN NAME	Gladys V. Ward
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... 9 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Filed Nov. 20 1927 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/15 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: City Burley

St. Idaho

County Cassia

File No. 106427

Date of Birth 11/4, 1922

Sex of Child Male

Father Bula E. Pickett

Mother Grady Pickett

I HEREBY CERTIFY that the child herein has been named:

Bula Crosley Pickett Jr.

B. E. Pickett

Signature of Father or Mother.

RECEIVED
JAN 2 1923
BUREAU OF VITAL STATISTICS
IDAHO

113-108-016-299

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106428

County of Cassia
City of Burley
No. ..... St.
Registration District No. 117 File No. .....
Hospital ..... Primary Registration District No. 2196 Registered No. 2425

FULL NAME OF CHILD Frank Homer Jackson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov 8 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J. J. Jackson	FULL MAIDEN NAME	Beulah Briggs
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Farming.	OCCUPATION	House-wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 5 F. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)
Address Burley Idaho

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

Filed Nov 20 1922 Dr J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/15 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

RECEIVED DEC 26 1922 BUREAU OF VITAL STATISTICS

Place of Birth: City Burley File No. 106428

St. 327 so. Elm Ave Date of Birth Nov 8, 1922.

County Cassia Sex of Child Male

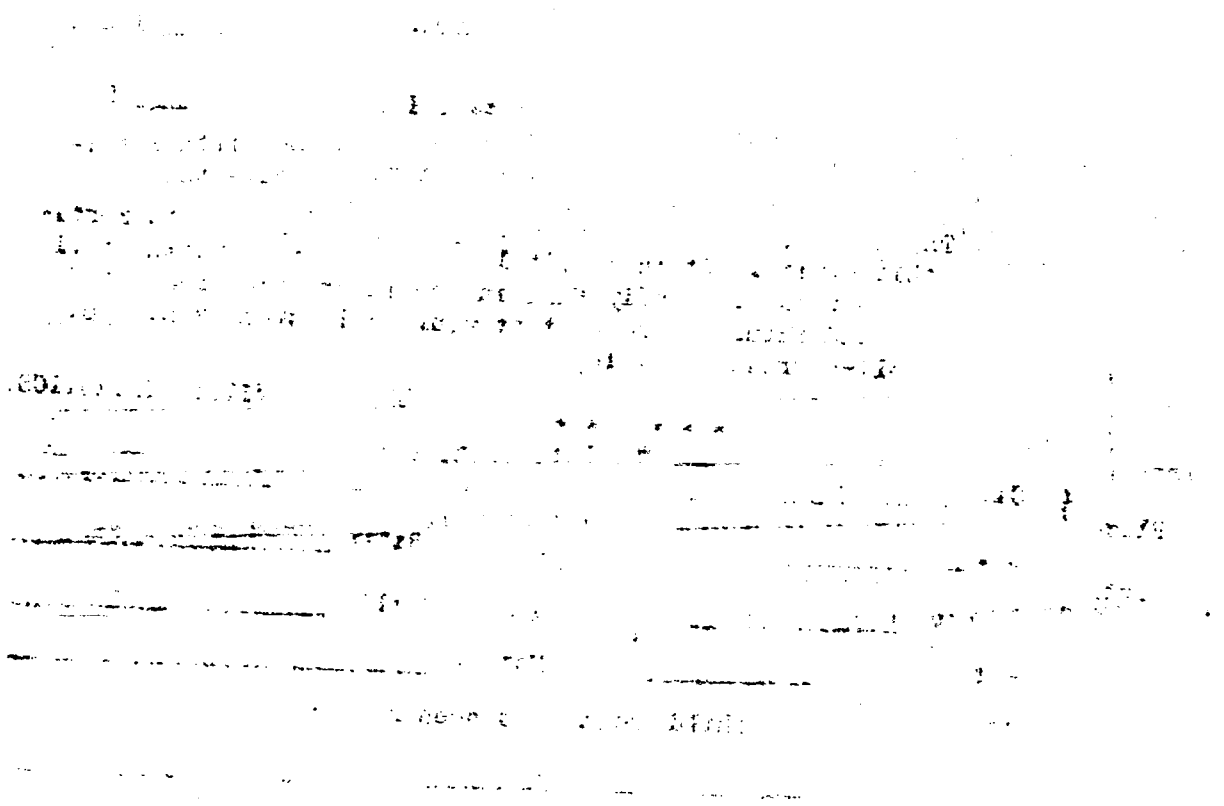
Father John Jackson Mother Beulah Jackson

I HEREBY CERTIFY that the child herein has been named:

Frank Homer Jackson

John & Beulah Jackson

Signature of Father or Mother.



765-214-016-855

PLACE OF BIRTH

DB[redacted]RE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106429

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2426

FULL NAME OF CHILD Marian Ponds

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	Nov. 14 1923

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	H. Ray Ponds.	FULL MAIDEN NAME	Mabel Hendricks.
RESIDENCE	Burley. Ida	RESIDENCE	Burley. Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah.
OCCUPATION	Farming.	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Pattison

Physician

(Physician or midwife)

Address Burley. Idaho

Filed Nov 21 1923 Dr. J. C. Pattison

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

NOV 9 1972

566-117-016-893

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 106430

Hospital ..... Primary Registration District No. 2196 Registered No. 2427

FULL NAME OF CHILD Murray Leroy Goold

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	and		Yes.	Nov. 17 192[illegible]

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	G. A. Goold.	FULL MAIDEN NAME	Mary Hicks.
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farming	OCCUPATION	House-wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Idaho

Filed Nov. 27 192[illegible] Dr. J. C. Patterson

Registrar.

Give names added from a supplemental report.

.....19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 106430
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Murray George Goold (Name on original certificate) who born (Was born or died) on Nov. 17, 1922 (Date of event)
in Burley, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (Bible record, insurance policy, etc.) prepared on about Nov. 18, 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	No name given	Murray George
Surname	Gould	Goold

Subscribed and sworn to before me this 16th
day of September, 19 41.
Mark W. Emrich
Notary Public, residing at Burley, Idaho
My commission expires May 25, 1945.
[SEAL]

Signed G. A. Goold
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of September, 19 41.
Mark W. Emrich
Notary Public, residing at Burley, Idaho.
My commission expires May 25, 1945.
[SEAL]

Signed Mrs G H Goold
(Signature of any credible person other than the previous affiant.)
161 N. Oakley, Burley, Idaho.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JAN 24 1972

SEP 17 1941

DEC 8 1942

792-221-076-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 106431

Primary Registration District No. 2196 Registered No. 2428

FULL NAME OF CHILD Norma Josephine Gibson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe.			Yes.	Nov. 21 192 7

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J. R. Gibson	FULL MAIDEN NAME	Ora Brewer
RESIDENCE	Burley Ida.	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Water-man	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec. 1 192 7 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/15 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full names included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth { City Burley

St. Burton ave

County Cassia

Father L. R. Gibson

File No. 106431

Date of Birth Nov. 21. 1922

Sex of Child Female

Mother Ora Gibson

I HEREBY CERTIFY that the child herein has been named:

Norma Josephine Gibson

Mrs Ora Gibson

Signature of Father or Mother.

295-222-016-666

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106432

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 119

Primary Registration District No. 2196

File No. ____

Registered No. 2429

FULL NAME OF CHILD Fay Emma Bingham

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe.			Yes.	Nov. 22 1927

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Ezra Bingham	FULL MAIDEN NAME	Mary Wood
RESIDENCE	Burley Idaho	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Pattison

Physician

(Physician or midwife)

Address Burley Idaho

Filed Dec. 7 1927 Dr. J. C. Pattison

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CEIVED
29 1924
AU OF VITAL
STATISTICS

DEPARTMENT OF [illegible] WELFARE

Boise, Idaho 12/15 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth: City Burley

St. ____

County Cassia

File No. 106432

Date of Birth 11/22 November 22

Sex of Child Female

Father Ezra Bingham Mother Mary E. Bingham

I HEREBY CERTIFY that the child herein has been named:

Fay Emma Bingham

Ezra Bingham

Signature of Father or Mother.

OCT 2 5 1974

915-105-016-666
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 11 1922

County of Cassia

City of Burley

No. 121 N. Overland St.

Hospital

Registration District No. 117

Primary Registration District No. 2196

File No. 106434

Registered No. 2431

FULL NAME OF CHILD Jack Ranes
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov. 5 1922

What bactericidal solution was used in eyes? 20% Argyrol freshly prepared

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Thomas Eugene Ranes	FULL MAIDEN NAME: Mary Francis Fowler
RESIDENCE: Burley Idaho	RESIDENCE: Burley Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Fairgrove Ore.	BIRTHPLACE: Willow Springs Mo.
OCCUPATION: Mechanic	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) C. F. Rich

Physician
(Physician or midwife)

Address Burley Ida.

Filed Dec. 1 1922 W. J. W. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/15 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
- City _____
- St. Leeds Idaho
- County ~~Idaho~~ Oneida Idaho
- Father W. M Bowers

File No. 106435

Date of Birth 5 of Nov

Sex of Child Male Boy

Mother Biene Bowers

I HEREBY CERTIFY that the child herein has been named:

Jake Bowers

Biene Bowers

Signature of Father or Mother.

266-105-016-217

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED DEC 11 1922

County of Cassia

City of Burley

Registration District No. 117 File No. 106435

No. ..... St.

Primary Registration District No. 216 Registered No. 2432

Hospital .....

FULL NAME OF CHILD Jake Bowers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov. 5 1922

FATHER		MOTHER	
FULL NAME	Wm. Bowers.	FULL MAIDEN NAME	Viena Kap. Kap
RESIDENCE	Burley Ida.	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Holland
OCCUPATION	Farming	OCCUPATION	Housewife

~~WHAT BACTERICIDAL SOLUTION WAS USED IN EYES?~~ Arg

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10 P M. (Born Alive or stillborn) on the date above stated.

(Signature) G. A. Cooper

Physician

(Physician or midwife)

Address Burley Ida.

Filed Dec. 2 1922 Dr. J. C. Patterson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PARK SERVICE
PUBLIC LIBRARY

218-105-016-342

PLACE OF BIRTH

RECEIVED
DEC 11 1922

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106436

County of Cassia

City of Burley

Registration District No. 117 File No.

No. St.

Primary Registration District No. 2196 Registered No. 2433

Hospital

FULL NAME OF CHILD Randolph Garland Bays

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov. (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Dennie Bays	FULL MAIDEN NAME	Cressie Laber
RESIDENCE	Burley Ida	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Laborer	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? Arg

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. H. Cooper

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Burley Ida

Filed Dec 2 1922 Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/15/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full names included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth (City Burley

(St. Overland & 11th

(County Cassia

File No. 106436

Date of Birth 11-5-22

Sex of Child Male

Father D.T. Bays

Mother Cressie M Bays

I HEREBY CERTIFY that the child herein has been named:

Randolph Garland Bays

D.T. Bays

Signature of Father or Mother.

RECEIVED
DEC 20 1922
BUREAU OF VITAL STATISTICS

MAY 2 2 1944

656-110-016-266

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117 File No. 106437

No. ..... St.

Primary Registration District No. 2196 Registered No. 2434

Hospital .....

FULL NAME OF CHILD Lyle J. Fewkes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 10 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Walter Fewkes	FULL MAIDEN NAME	Jane Bower
RESIDENCE	Burley Ida	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Upton Utah	BIRTHPLACE	Upton Utah
OCCUPATION	Farming	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? Ag

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:15 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Soper

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Ida

Filed Dec 2 1922 Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
DEC 28 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho 12/15 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Burley

(St.

(County Cassia

File No. 106437

Date of Birth Nov. 10, 1922

Sex of Child Male

Father Walter Fenwkes Mother Jane Bowen

I HEREBY CERTIFY that the child herein has been named

Lyle D. Fenwkes

Walter Fenwkes Jane Fenwkes

Signature of Father or Mother.

JUN 4 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-114-016-464

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

DEC 1 922

CERTIFICATE OF BIRTH

106438

County of Cassia

City of Burley

Registration District No. 117 File No.

No. St.

Primary Registration District No. 2196 Registered No. 2435

Hospital

FULL NAME OF CHILD Velmer Lawrence Cooper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 14 1922

FATHER		MOTHER	
FULL NAME	Lawrence Cooper	FULL MAIDEN NAME	Laura Dodd
RESIDENCE	Burley	RESIDENCE	Burley.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oakley Ida	BIRTHPLACE	Chicago Ill.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES Arg

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) W. H. Cooper

Physician

(Physician or midwife)

Address Burley Ida

Filed Dec. 7 1922

Dr. J. C. Patterson

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WORKS

Boise, Idaho

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/15 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Burley

(St. Idaho

(County Cassia

File No. 106438

Date of Birth Nov. 14. 1922

Sex of Child Male

Father Lawrence Cooper

Mother Laura Cooper

I HEREBY CERTIFY that the child herein has been named:

Valmer Raymond Cooper

Lawrence Cooper

Signature of Father or Mother.

613-124-016214

PLACE OF BIRTH

RECEIVED DEC 11 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117

File No. 106439

No. ____ St.

Primary Registration District No. 2196

Registered No. 2436

Hospital ____

FULL NAME OF CHILD Gordon A. Walker

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 24 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Arrin Walker.	Vera Baum.
RESIDENCE	Burley Ida	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Minersville Utah	Provo Utah
OCCUPATION	Farming	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? Ag.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:59 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Boyer

Physician

(Physician or midwife)

Address Burley Ida

Given names added from a supplemental report.

____ 19____

Registrar

Filed Dec. 2 1922 Wm. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT R...

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for e... and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/15 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Burley

(St. Idaho

(County Cassia

File No. 106439

Date of Birth Nov. 24th

Sex of Child Male

Father John Orin Walker Mother Vera Bauer Walker

I HEREBY CERTIFY that the child herein has been named:

Gordon L. Walker

J. O. Walker

Signature of Father or Mother.

DEC [illegible] 941

266-231-016-128

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

DEC 11 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 106440

Primary Registration District No. 2196 Registered No. 2437

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct. (Month) 31 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Miles H. Booth	FULL MAIDEN NAME	Amelia Ashcroft
RESIDENCE	Burley Idaho	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Portage Utah	BIRTHPLACE	Bigham England
OCCUPATION	Farming	OCCUPATION	Housewife

~~WHAT BACTERICIDAL SOLUTION WAS USED IN EYES~~ Ag.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Ida

Filed Dec. 2 1922 Dr. J. C. Patterson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1973

215-229-016-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Declo

Registration District No. 117 File No. 106441

No. ..... St.

Primary Registration District No. 2196 Registered No. 2438

Hospital .....

FULL NAME OF CHILD Lela LaVern Savage

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 29 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. M. Savage	FULL MAIDEN NAME	Sarah Willey
RESIDENCE	Declo Ida	RESIDENCE	Declo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Hagerman Ida	BIRTHPLACE	Bountiful Utah
OCCUPATION	Farming	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? Arg.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Cooper

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bunt Ida

Registrar

Filed Dec. 2 1922 Wm. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/15 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
City Idaho
St.
County Cassia

File No. 106441

Date of Birth Nov. 29, 1922

Sex of Child Female

Father Richard M. Savage Mother Sarah Willey Savage

I HEREBY CERTIFY that the child herein has been named:

Lela La Vern Savage

Sarah L. Savage
Signature of Father or Mother.

RECEIVED
1922

DEC 18 1964

AUG 7 1943

165-103-016-168

PLACE OF BIRTH

County of Cassia

City of Burley

No. [illegible] St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 106442

Primary Registration District No. 2196 Registered No. 2439

FULL NAME OF CHILD Ross Von Jones

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	/	/	Yes	Nov. 3 192[illegible]

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Sol Ag No3 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Percy L. Jones	FULL MAIDEN NAME	Lavina Johnson
RESIDENCE	Burley Ida	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farm	OCCUPATION	Hsfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 9. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Smith M.D.

Burley Idaho

(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec. 5 192[illegible] Dr. J. C. Patterson

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 4 1973

JUN 2 4 1968

392-128016-315

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 106443

Primary Registration District No. 2196 Registered No. 2440

FULL NAME OF CHILD Charles Thomas Lish
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1		1	Yes	Sept 28 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Sol Ag No 31%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Lorenzo Lish	FULL MAIDEN NAME	Bessie M. Laul
RESIDENCE	Burley Idaho	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Farm	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Smith MD
(Physician or midwife)

Address Burley Idaho

Filed Dec 5 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

639-206-016-646

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia
City of Burley
No. RD 3 St.
Registration District No. 117
File No. 106445
Hospital
Primary Registration District No. 2196
Registered No. 2442

FULL NAME OF CHILD Lois Virginia Olin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	1	1	Yes	Aug. 6 1924

What bactericidal solution was used in eyes? Sol Ag NO3 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Guy Olin	Nellie O'Donnell
RESIDENCE	Burley R #3	same
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	30
BIRTHPLACE	Colo.	Wisconsin
OCCUPATION	Farmer	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Smith M.D.
(Physician or midwife)

Address Burley Idaho

Filed Dec 5 1924 Wm. J. Pattison
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1942

695-230-016-865

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106446

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

File No. .....

Hospital .....

Primary Registration District No. 2196

Registered No. 2443

FULL NAME OF CHILD Dee Winward

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fe.		Yes.	Nov 30 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Clifton Winward	Evangeline Hoenes
RESIDENCE	Burley Ida.	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Utah.	S.D.
OCCUPATION	Farming.	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley Idaho.

Filed Dec 6 1922 Dr. J. C. Patterson Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 2 1943

665-230-016-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106441

County of Cassia

City of Declo

No. ..... St.

Registration District No. 117 File No. .....

Hospital .....

Primary Registration District No. 2196 Registered No. 2444

FULL NAME OF CHILD Neda Sarah Owens
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 11-30 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Ag No3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wm. W. Owens	FULL MAIDEN NAME	Pricilla Ann Smith
RESIDENCE	Declo	RESIDENCE	Declo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler
M.D.
(Physician or midwife)

Address Burley Ida

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed Dec. 7 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/15 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Declo

St. _____

County Cassia

File No. 106447

Date of Birth November 30

Sex of Child Female

Father William W. Owens Mother Priscilla ann Owens.

I HEREBY CERTIFY that the child herein has been named:

Veda Sarah Owens

Priscilla A. Owens,
Signature of Father or Mother.

MAY 25 1951

736-204-016-394

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia
City of Burley
No. ..... St.
Hospital .....

Registration District No. 117 File No. 106448
Primary Registration District No. 2196 Registered No. 2445

FULL NAME OF CHILD Nellie Glover
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 11 (Month) – 4 (Day) 1922 (Year)

What bactericidal solution was used in eyes? Ag Noz

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Crawford Glover	FULL MAIDEN NAME	Luella Crump
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Custer
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Burley Ida

Filed Dec 7 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

RECEIVED
FEB 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/15/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: City Burley

St. North Yale

County Cassia

Father Crawford Glover.

File No. 106448

Date of Birth Nov 4 1922

Sex of Child Female

Mother Luella Glover

I HEREBY CERTIFY that the child herein has been named:

Nellie Glover

Crawford Glover,

Signature of Father or Mother.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

314-214-016-7.95 DEC 11 1922

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 106449

Primary Registration District No. 2196 Registered No. 2446

FULL NAME OF CHILD Mary Jessie Lambert
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	11-14-1922

What bactericidal solution was used in eyes? Ag Nos

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Thornton S Lambert	FULL MAIDEN NAME	Sarah Prestwitch
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Hrwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cuther
M.D.
(Physician or midwife)

Address Burley Ida

Filed Dec. 7 1924 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
FEB 1 0 1923
BUREAU OF VITAL STATISTICS

Boise, Idaho 12/15/ 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Burley

St. 533 East Main

County Cassia

File No. 106449

Date of Birth Nov. 14" 1922

Sex of Child Female

Father Thornton Solomon Lambert Mother Sarah P. Lambert

I HEREBY CERTIFY that the child herein has been named:

Mary Jessie Lambert

Sarah Prestwich Lambert

Signature of Father or Mother.

MAR 1 0 1942

SEP 2 1958

749-46-016-962

PLACE OF BIRTH

RECEIVED
DEC 11 1922
BUR... VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 106450

Primary Registration District No. 2196 Registered No. 2447

FULL NAME OF CHILD Bona Dell Gruwell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	11-16-1922

What bactericidal solution was used in eyes? Ag No3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lester J. Gruwell	FULL MAIDEN NAME	Estella Robinson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mexico	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler
M.D.
(Physician or midwife)

Address Burley Ida.

Filed Dec 7 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/15 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Burley

(St. Idaho

(County Cassia

File No. 106450

Date of Birth Nov. 16. 1922.

Sex of Child Female.

Father Lester J Gunnell Mother Stella Gunnell

I HEREBY CERTIFY that the child herein has been named:

Bona Dell Gunnell

Stella Gunnell

Signature of Father or Mother.

SEP 2 0 1973

154-104-016-599

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106451

County of Lassia

City of Declo

No. ..... St.

Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2448

FULL NAME OF CHILD Clem anderson

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	11-4-1922

What bactericidal solution was used in eyes? Ag No3

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME Andrew J Anderson	FULL MAIDEN NAME Evelyn Erickson
RESIDENCE Declo	RESIDENCE Declo
COLOR White	AGE AT LAST BIRTHDAY 43 (Years)
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farming	OCCUPATION Mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler M.D.

(Physician or midwife)

Address Burley Ida.

Filed Dec. 7 1922 Dr. J. C. Patterson

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF TEXAS

DEPARTMENT OF PUBLIC WORKS AND

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/15/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Declo

(St.

(County Cassia

File No. 106451

Date of Birth November 4

Sex of Child Male

Father Andy J Anderson Mother Evelyn Anderson

I HEREBY CERTIFY that the child herein has been named:

Elem Mark Anderson

Evelyn Anderson

Signature of Father or Mother.

115-130 [redacted]

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLAC[redacted]

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Clark

City of Dubois

Registration District No. 121

File No. 106452

No. ..... St.

Primary Registration District No. 2203 Registered No. .....

Hospital .....

FULL NAME OF CHILD George William Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Oct	30	1922

FATHER

FULL NAME George H Davis

RESIDENCE Dubois

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ruby L Davis

RESIDENCE Dubois

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

(Signature) C E Jones MD
(Physician or midwife)

Address Dubois Idaho

Filed Oct 30 1922

C E Jones MD
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JAN 12 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth: City Idaho; St. Ida.; County Clark

File No. 106452

Date of Birth Dec. 30 1922

Sex of Child Male

Father Geo. W. Davis Mother Ruby A. Davis

I HEREBY CERTIFY that the child herein has been named:

George William Davis

Ruby A. Davis

Signature of Father or Mother.

AUG 15 1961

132-11[illegible]017-912

PLA[illegible] OF [illegible]

RECEIV[illegible] NOV 18 [illegible] BUREAU OF VITA[illegible] STATISTICS

[redacted] No. 11-C—25m-1-1-18

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Idmon

No. _____ St.

Hospital _____

Registration District No. 125 File No. 106453

Primary Registration District No. 2203 Registered No. _____

FULL NAME OF CHILD Harold Keith Albano

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	9 17 19[illegible]

FATHER		MOTHER	
FULL NAME	Robt H. Albano	FULL MAIDEN NAME	Edna Rasmussen
RESIDENCE	Idmon Ida	RESIDENCE	Idmon
COLOR	White AGE AT LAST BIRTHDAY 30 (Years)	COLOR	White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 10 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R.D. Tucker

Emergency Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idmon

Filed Nov 8 1922 C E Jones M D

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

FEB 3 1942

MAR 4 1942

DEC 16 1969

DECEASED

295.205-017-466

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

FULL NAME OF CHILD

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 11 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 125 File No. 106454

Primary Registration District No. 2203 Registered No. .....

Norma D. Kingsford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 5 1922

FATHER	MOTHER
FULL NAME Edward F Kingsford	FULL MAIDEN NAME Ethel Doudle
RESIDENCE Dubois	RESIDENCE Dubois
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones M D

(Physician or midwife)

Address Dubois Idaho

Filed Nov 5 1922 C E Jones M D Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

RECEIVED
JAN [illegible]
BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
City Dubois
St.
County Clark

File No. 106454

Date of Birth Nov 5th 1922

Sex of Child Female

Father Edward L. Kingsford

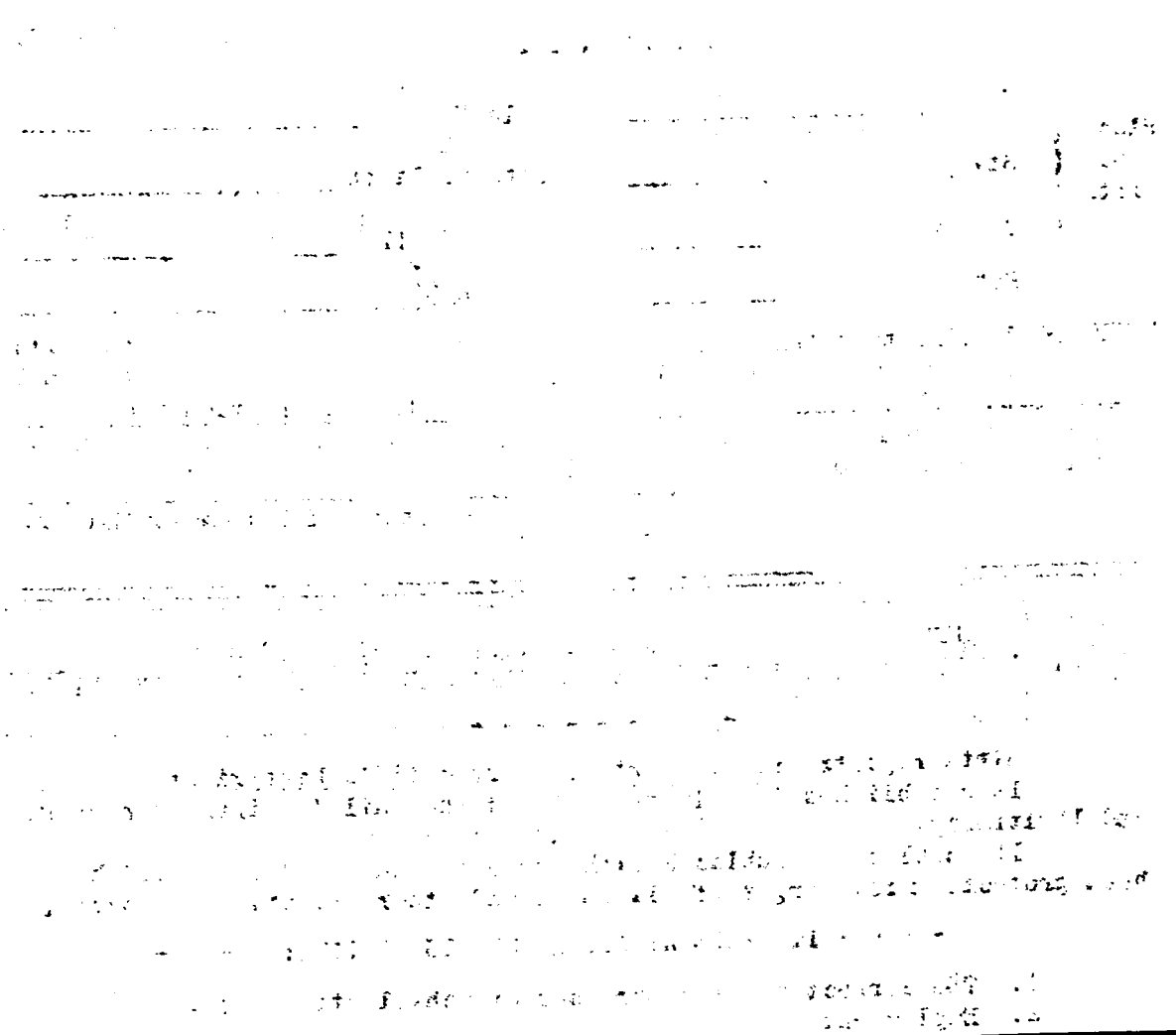
Mother Ethel L. Kingsford

I HEREBY CERTIFY that the child herein has been named:

Norma L. Kingsford

Died Dec 24th 1922

Ethel Kingsford
Signature of Father or Mother.



713-1191017-362

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED DEC 11 19.. BUREAU OF STATISTICS

[redacted] OF IDAHO
[redacted] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

Registration District No. 125 File No. 106455

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Russell Edward Palmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 19 1922

FATHER		MOTHER	
FULL NAME	Russell G Palmer	FULL MAIDEN NAME	Mabel R. Cosby
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White — AGE AT LAST BIRTHDAY 36 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Wash
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones MD
(Physician or midwife)

Address Dubois Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Nov 19 1922 C E Jones MD
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 30, 1940. E.W.

253-226-017-196

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Clark

DEC 11 19..

CERTIFICATE OF BIRTH

City of Dubois

106456

Registration District No. 125 File No.

No. St.

Primary Registration District No. 2203 Registered No.

Hospital

FULL NAME OF CHILD Margorie Beckstead

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 26 1922

FATHER		MOTHER	
FULL NAME	Elton Beckstead	FULL MAIDEN NAME	Mary G Gronson
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Montana
OCCUPATION	R R Engineer	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) L E Jones MD

(Physician or midwife)

Address Dubois Idaho

Filed Nov 26 1922 L E Jones MD

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 1 1972

DECEASED

319-213-018-319

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106458

County of Canyon

City of Dofino

Registration District No. 90

File No.

No. St.

Primary Registration District No. 2168

Registered No. 73

Hospital

FULL NAME OF CHILD Jacquetta May Carr

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth | Legitimate? Yes | Date of Birth Oct 13 (Month) (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ole D. Carr	FULL MAIDEN NAME	Emma Carr
RESIDENCE	Dofino Idaho	RESIDENCE	Dofino, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	W. Va.	BIRTHPLACE	W. Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Family

(Physician or midwife)

Address Dofino, Idaho

Filed Oct 14 1922 J. M. Family

Registrar

Given names added from a supplemental report.

.....19.....

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPT. OF PUBLIC

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED JAN 1923 BUREAU OF VITAL STATISTICS

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
City Orofino
St.
County Clearwater
Father Ole D.

File No. 106458
Date of Birth Oct. 13, 1922.
Sex of Child Female
Mother Emma J.

I HEREBY CERTIFY that the child herein has been named:

Jacquetta May

Ola D. Carr.

Signature of Father or Mother.

MAR 1 8 1942

231-119018-781

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

County of Clearwater

City of Gilbert

Registration District No. 90

File No. 106459

No. ..... St.

Primary Registration District No. 2168

Registered No. 74

Hospital

FULL NAME OF CHILD Edwin William Blake

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl Blake	FULL MAIDEN NAME	Violet Phar
RESIDENCE	Gilbert Ida	RESIDENCE	Gilbert Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Farley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Idaho

Filed Oct 19 1922 J M Farley

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 28 1942

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED NOV 18 1922 DIV. OF VITAL

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 90

File No. 106460

Primary Registration District No. 2168

Registered No. 75

FULL NAME OF CHILD Robert Boyd Atwood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 25 1922

FATHER		MOTHER	
FULL NAME	Frank Atwood	FULL MAIDEN NAME	Bessie Gleason
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ill	BIRTHPLACE	Oregon
OCCUPATION	Railway Mail Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Address Orofino Ida

Filed Oct 25 1922 J. M. Fairly

Registrar

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

AUG 29 19[illegible]

OCT 31 194[illegible]

843-231-018-319 name added 2-18-83

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Greer

No. _____ St.

Hospital _____

Registration District No. 90

File No. 106461

Primary Registration District No. 2168

Registered No. 76

FULL NAME OF CHILD Aloha Jean Hutchens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Oct 31 1922

FATHER		MOTHER	
FULL NAME	Orville L. Hutchens	FULL MAIDEN NAME	Maude Carpenter
RESIDENCE	Greer Ida	RESIDENCE	Greer Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Address Orofino Ida

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Filed Oct 31 1922 J. M. Fairly Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-27-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
FEB 17 2 41 PM '83

State of _____ } ss.
County of _____

Certificate No. 106461
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hutchens (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 31, 1922 (Date of Event)

in Greer (Clearwater) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Aloha Jean Hutchens

Subscribed and sworn to before me this 23rd day of January, 1983.

Notary Public, Carol K. Brandy
Residing at N. 1415 Herald Spokane, WA
My commission expires March 24, 1984

(Seal)

x Alice May Ball
Signature of Applicant

N 1021 Herald Spokane Wash
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of February, 1983

Notary Public, [illegible]
Residing at Osofino
My commission expires [illegible]

(Seal)

Martha Blevins
Supporting Signature

RT 3 Osofino Ida 83544
Street Address, City, State

2cc Credit

Marriage License from State of Idaho County of Canyon gives Milton Albert LaMarche and Aloha Jean Thompson were married in Caldwell on Nov 19, 1968. Viewed by V.S.

FEB 18 1983

Census Record from United States Dept of Commerce Bureau of Census. Census of 1930 taken as of April 1, 1930 gives Jean A Hutches daughter of Orville T and O. Maude Hutchens age 7 living in County of Clearwater, state of Idaho. Viewed by V.S.

9-123-018-355

PLACE OF BIRTH

Form V. S. No. 11-C—25m-141-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Elk River

Registration District No. 91

File No. 106462

No. ..... St.

Primary Registration District No. 2168

Registered No. 11

Hospital Elk River

FULL NAME OF CHILD John Lee Ford

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	Nov. 23 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harald James Ford	FULL MAIDEN NAME	Beatrice Inga Lee
RESIDENCE	Elk River	RESIDENCE	Elk River.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Merrill Wis.	BIRTHPLACE	Amery Wis.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:02 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Breuning Md.

Elk River
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Dec. 1 19 22 Mildred Hambly
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

555-111-018-253

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Elk River

No. ..... St.

Hospital Elk River

Primary Registration District No. 2168

File No. 106463

Registered No. 10

FULL NAME OF CHILD William Norman Veule

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ole Veule	FULL MAIDEN NAME	Mary ~~Veule~~ Bell
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Kalum Ore
OCCUPATION	Mechanics	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Breuning M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Elk River Ida

Filed Dec. 1 1922 Mildred Hambly

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

453 12 36 018819

County of Clearwater

DEC 1 1922
BUREAU OF VITAL STATISTICS

City of Elk River

Registration District No. 91

File No. 106464

No. _____ St.

Primary Registration District No. 2168

Registered No. 12

Hospital at home

FULL NAME OF CHILD Ernest Norman Delaney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 23 1922

FATHER		MOTHER	
FULL NAME	George Delaney	FULL MAIDEN NAME	Carolina Hartman
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Medford Wis.	BIRTHPLACE	Kulm N.D.
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Breuning M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Elk River

_____ 19__

Filed Dec. 1 1922 Mildred Hambly
Registrar

_____ Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 28 1972

1942

667-47-618-313

PLACE OF BIRTH

RECEIVED
DEC 1 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Elk River

Registration District No. 91

File No. 106465

No. ..... St.

Primary Registration District No. 2168

Registered No. 13

Hospital Elk River

FULL NAME OF CHILD RAYMOND PETER FOGAL ~~Ronaldo Pietro Fogal~~

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov. 17 1922

FATHER

FULL NAME White Fogal

RESIDENCE Elk River

COLOR white AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Italy

OCCUPATION Robber

MOTHER

FULL MAIDEN NAME Antonia Calero

RESIDENCE Elk River

COLOR white AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Italy

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Breyning

Physician

(Physician or midwife)

Address Elk River

Given names added from a supplemental report.

..... 19.....

..... Registrar

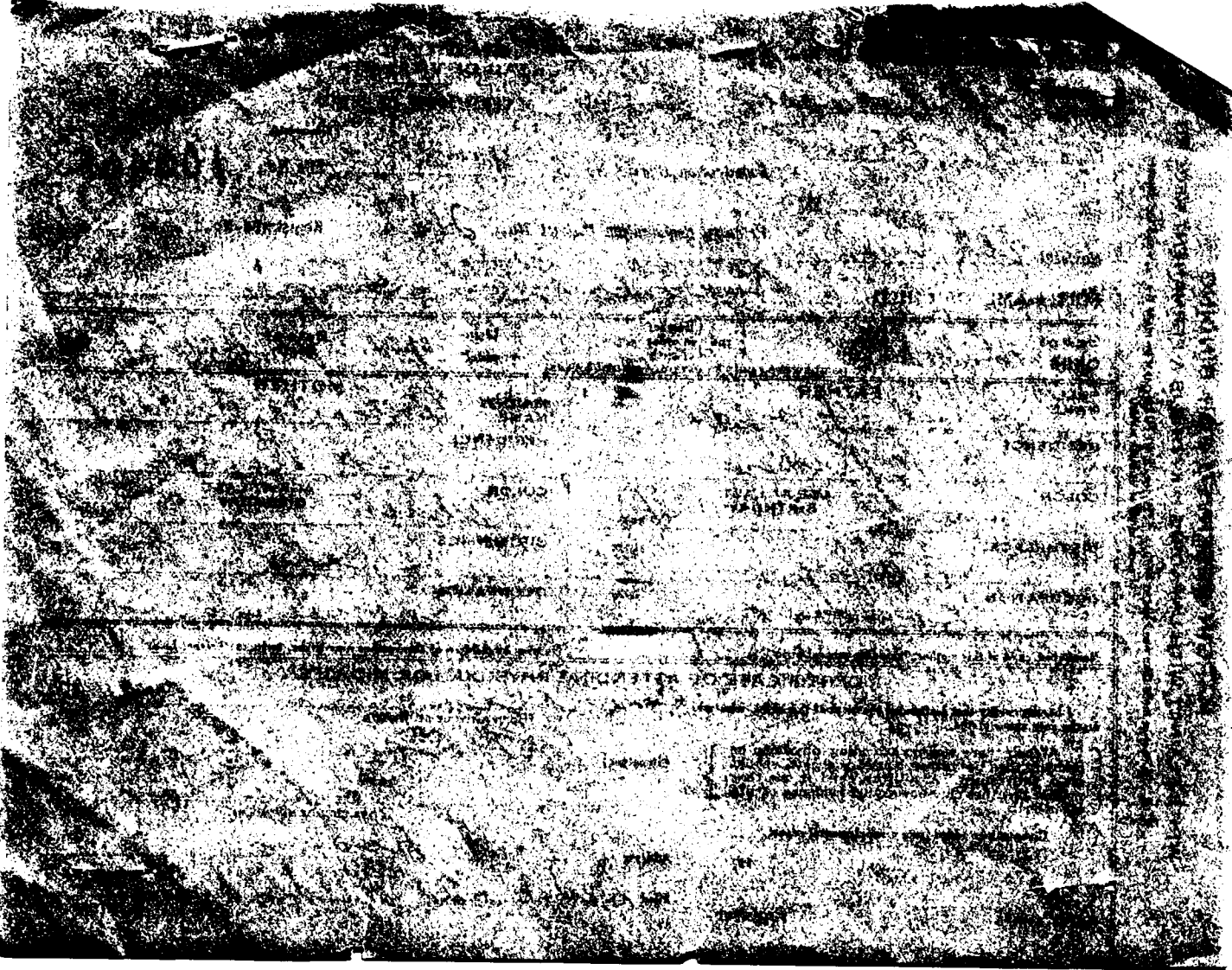
Filed Dec. 1 19 22 Mildred Hamerly Registrar

2-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 106465
Date Filed APR 3 1943

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR [redacted]) for Rinaldo Pietro (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov 12, 1922 (DATE OF EVENT) in Elk River, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Rinaldo Pietro	Raymond Peter Fogal

Subscribed and sworn to before me this 4th day of January, 19 43

Dan L. Church

Notary Public residing at Spokane, Wash

My commission expires April 2 - 1946

(SEAL)

Signed Antonietta Fogal
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

E 816 Dean
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of January, 19 43

J. Dan L. Church

Notary Public, residing at Spokane, Wn

My commission expires April 2 - 1946

(SEAL)

Signed Mrs. Caroline Leroy
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT)

N 1108 Havana Ave
(STREET ADDRESS, CITY, STATE)
Spokane Wn

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APP 6

794-122-019-665

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106466

County of Custer

City of Mackay

Registration District No. 76 File No. 155

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital Res

FULL NAME OF CHILD Benny Gim

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Sept 22nd 1922

FATHER	MOTHER
FULL NAME: Y H Gim	FULL MAIDEN NAME: Low Fong
RESIDENCE: Mackay	RESIDENCE: Mackay
COLOR: Chinese	COLOR: Chinese
AGE AT LAST BIRTHDAY: 51 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Calf	BIRTHPLACE: Wash
OCCUPATION: Prop Resturant	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8-15 A M. on the date above stated.

(Signature) Chas Baker

(Physician or midwife)

Address Mackay Idaho

Filed 11/28 1922 Rea Nowacki Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1956

JAN 1 9 1972

363-224-020-893

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-4-18-18

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. ..... St.

Hospital .....

Registration District No. 34

Primary Registration District No. 2020

File No. 106467

Registered No. 34

Full Name of Child Collins, Mary Louise

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	Sept. 14 1922

FATHER		MOTHER	
FULL NAME	Frank A Collins	FULL MAIDEN NAME	Jessie H Hickock
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Colorado	BIRTHPLACE	Ill.
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Evans

MD

(Physician or midwife)

Address Mtn Home Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10-1- 1922

J E Evans

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC SAFETY

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

EIVED
R 19 1923
EAU OF VITAL
STATISTICS

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth: City Mtn Home

St. _____

County Elmore

File No. 106467

Date of Birth Sept. 14, 1922

Sex of Child Female

Father Frank A. Collins Mother Jessie H. Collins

I HEREBY CERTIFY that the child herein has been named:

Mary Louise Collins

Jessie H. Collins

Signature of Father or Mother.

AUG 3 1 1943

NOV 16 1942

795-225-020-893

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106468

County of Elmore

City of Mtn Home

No. ..... St.

Hospital .....

Registration District No. 34 File No. .....

Primary Registration District No. 2030 Registered No. 35

FULL NAME OF CHILD Pierce Ruby Iola

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept. 25, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Floyd Pierce	FULL MAIDEN NAME	Mary B Hiller
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Nebr	BIRTHPLACE	N. Dak
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Evans

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home Ida

Filed 11-1-1922 T E Evans
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO[illegible]

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made and the number of each, in order of birth stated.

O. A I ' V O E T A T E

[illegible] IO [illegible]

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
City Mt Home
St.
County Elmore

File No. 106468

Date of Birth Sept 25th 1922

Sex of Child Female

Father F. L. Pierce

Mother Mary B Pierce

I HEREBY CERTIFY that the child herein has been named:

Ruby Talia Pierce

Mrs F. L. Pierce

Signature of Father or Mother.

DEC 14 1944

2 19-202-020-866

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 34 File No. 106469

No. ____ St.

Primary Registration District No. 2020 Registered No. 86

Hospital ____

FULL NAME OF CHILD Barbara Nell Barger.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Oct. 2d 1922

FATHER		MOTHER	
FULL NAME	Frank S. Barger.	FULL MAIDEN NAME	Pearl Hoover.
RESIDENCE	Pine.	RESIDENCE	Pine.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Bellgrade Mo.	BIRTHPLACE	Walla Walla Wash.
OCCUPATION	Farming.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) Mrs. Letta A Deckard

Attendant.

(Physician or midwife)

Address Pine Idaho.

Filed Oct 21st 1922 F. E. Emmons

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1968

339-120-020-417

PLACE OF BIRTH

County of Elmore

City of Mtn Home Ida

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106470

Registration District No. 34 File No. .....

Primary Registration District No. 2020 Registered No. 37

FULL NAME OF CHILD Whitney Stanley Clifford

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male		Yes	10 20 22

FATHER		MOTHER	
FULL NAME	Phelps E Whitney	FULL MAIDEN NAME	Etta M Magden
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Idaho	BIRTHPLACE	Michigan
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F E Evans

M D

(Physician or midwife)

Address Mtn Home Ida

Filed 11-1-1922 F E Evans Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho, 12/16/1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: City Mountain Home

St. _____

County Elmore

File No. 106470

Date of Birth Oct. 20, 1922

Sex of Child Male

Father Phelps E Whitney Mother Etta M Whitney

I HEREBY CERTIFY that the child herein has been named:

Stanley Clifford Whitney

Etta M Whitney

Signature of Father or Mother.

RECEIVED 1922

FEB 1 4 1972

737 PLACE OF BIRTH 312

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106471

County of Elmore

City of Mtn Home

Registration District No. 34

File No.

No. St.

Primary Registration District No. 2030

Registered No. 38

Hospital

FULL NAME OF CHILD McGrath, James Harvey Orlando

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 21 1922

FATHER

FULL NAME: Wm McGrath

RESIDENCE: Mtn Home Ida

COLOR: White

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: S. Dak

OCCUPATION: Camp Tender

MOTHER

FULL MAIDEN NAME: Amanda Labbee

RESIDENCE: Mtn Home Ida

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: N Dak.

OCCUPATION:

Number of child of this mother, including present birth: 10

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Evans

M D
(Physician or midwife)

Address Mtn Home Ida

Filed 11-1-1922 J E Evans
Registrar

Given names added from a supplemental report.

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

RECEIVED
MAR 12 1923
BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Mtn. Home Idaho File No. 106471

(St. Calloway Date of Birth Oct. 21. 1922.

(County Elmore Sex of Child Male

Father Will H. McGraff Mother Amanda Laffee

I HEREBY CERTIFY that the child herein has been named:

Jane Harvey Orlando McGraff.

Amanda McGraff.

Signature of Father or Mother.

FEB 4 1971

713-225-020-413

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of ~~Mt. Home~~ Featherville

Registration District No. 24 File No. 106472

No. ..... St.

Primary Registration District No. 2020 Registered No. 39

Hospital .....

FULL NAME OF CHILD Galindo Sarah Anita

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	10 (Month) – 25 (Day) – 1922 (Year)

FATHER		MOTHER	
FULL NAME	Earl A Galindo	FULL MAIDEN NAME	Ada L Mallory
RESIDENCE	Featherville Ida	RESIDENCE	Featherville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Pine Ida.	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Evans

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mt Home Ida

Filed 11-1-1922 F E Evans
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho, 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Featherville

(St. _____

(County Elmore

File No. 106452

Date of Birth Oct 25 1922

Sex of Child Female

Father Earl A. Galindo Mother Ada La. Galindo

DEC 30 1922 BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY that the child herein has been named:

Sarah Anita Galindo

Mrs Ada Galindo

Signature of Father or Mother.

MAR 1 1 1943

842-127-020-395

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 34 File No. 106473

No. ..... St.

Primary Registration District No. 2020 Registered No. 40

Hospital .....

FULL NAME OF CHILD Thomas Hussey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 - 27 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oliver C Hussey	FULL MAIDEN NAME	Helen Lindsay
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Minn
OCCUPATION	Mechanist	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Evans

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home Ida

Filed 11-1-1922 F E Evans

Registrar Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 29 1965

257-123-020-366

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106475

County of Elmore

City of Glenns Ferry

Registration District No. 35

File No.

No. St.

Hospital

Primary Registration District No. 2021

Registered No.

FULL NAME OF CHILD Paul Gilbert Bellnap

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			4	yes	Nov. 23 1922

FATHER

FULL NAME: Henry William Bellnap

RESIDENCE: Glenns Ferry Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: America

OCCUPATION: R.R. Engineer

MOTHER

FULL MAIDEN NAME: Priscilla Cooper

RESIDENCE: Glenns Ferry Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: America

OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. Nov. 23 1922, at 11.30 P M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Address Glenns Ferry Idaho

Given names added from a supplemental report.

19

Registrar.

Filed Nov. 30 1922 J. W. Davis
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1942

445-218-020-864

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106476

County of Elmore

City of Glenn's Ferry — Registration District No. 35 — File No.

No. ____ St.

Hospital — Primary Registration District No. 2021 — Registered No.

FULL NAME OF CHILD Vera Mae Dunn.

Sex of Child: Female | Twin, Triplet or other? | and | Number in order of birth: 3 | Legitimate? yes | Date of Birth: Nov. 18, (Month) (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME: James A. Dunn

RESIDENCE: Glenn's Ferry Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: America

OCCUPATION: R.R. fireman

MOTHER

FULL MAIDEN NAME: Edith Hazel Mooney

RESIDENCE: Glenn's Ferry, Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: America

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. Nov. 18. 1922, at 1 a M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

(Signature) J. W. Davis M. D.

Physician

(Physician or midwife)

Address Glenn's Ferry Idaho

Filed Nov. 24 1922 — J. W. Davis, Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of ...

JAN 17 1963

255-109-021-957

1 PLACE OF BIRTH

CHILD'S NAME ADDED 2/20/2002 TC

[redacted] OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Franklin DEC 1922

City of Fairview, Idaho

CERTIFICATE OF BIRTH 106478

No. ..... St. Registration District No. 27 File No. .....

Hospital ..... Primary Registration District No. 2119 Registered No. 303

FULL NAME OF CHILD SERGE MORGAN BENSON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov. 9 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: ~~Neorgan~~ Morgan Benson	FULL MAIDEN NAME: Myrtle Inglet
RESIDENCE: Fairview, Idaho	RESIDENCE: Fairview, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Logan, Utah	BIRTHPLACE: Fairview, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **at** 5.15 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician
(Physician or midwife)

Address Preston, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec. 4 1922 Mrs Ida Liggett
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _ 12/16/22 [illegible]

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City _____ File No. 106478

(St. _____ Date of Birth _____

(County _____ Sex of Child Male

Father _____ Mother _____

I HEREBY CERTIFY that the child herein has been named:

_____

_____

Signature of Father or Mother.

1/11/2002

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED VITAL STATISTICS 02 JAN 22 AM 11:46

State of _____ } SS.
County of _____ }

Certificate No. #22-106478

Date Filed DEC. 8, 1922

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth, Death, Marriage, etc.)

for UNNAMED BENSON (MALE) (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on NOV. 9, 1922 (Date of Event)

in FAIRVIEW, IDAHO (FRNAKLIN) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED BENSON	SERGE MORGAN BENSON
Father's first name	Neorgan	Morgan

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, Camille Larsen

Residing at Weston, Idaho

My commission expires 06-08-07 (Seal)

CAMILLE LARSEN NOTARY PUBLIC STATE OF IDAHO

Serge Benson
Signature of Applicant

2679 West 4400 South, Weston, ID
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed _____)
(Is not necessary X)

State of _____ } SS.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____

Residing at _____

My commission expires _____ (Seal)

_____
Supporting Signature

_____
Street Address, City, State

ICC pd

CERTIFICATE OF ORDINATION TO THE HOLY PRIESTHOOD GIVES NAME AS SERGE MORGAN BENSON ORDAINED A DEACON ON DEC. 2, 1934 BY EZRA T BENSON. VIEWED BY VS

FIRST BAPTISM CERTIFICATE GIVES NAME AS SERGE MORGAN BENSON, BAPTIZED NOV. 11, 1930 BY FREDERICK SCHOLES. VIEWED BY VS

169-216-021-759

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106479

County of Franklin

City of Dayton, Idaho

No. ____ St. ____

Registration District No. 27 File No. ____

Hospital ____ Primary Registration District No. 2119 Registered No. 304

FULL NAME OF CHILD Hellen Morrison
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov. 16 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: James P. Morrison	FULL MAIDEN NAME: Ray Perkins
RESIDENCE: Dayton, Idaho	RESIDENCE: Dayton, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Franklin, Idaho	BIRTHPLACE: Dayton, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician
(Physician or midwife)

Address Preston, Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Dec 4 1922 Mrs Ida Lyspeck Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-206-027-313

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 6 1922

CERTIFICATE OF BIRTH

County of Franklin

City of Dayton

No. ..... St.

Registration District No. 27 File No. 106480

Hospital .....

Primary Registration District No. 2119 Registered No. 301

FULL NAME OF CHILD Barbara C. Phillips
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Nov. 6 1922

What bactericidal solution was used in eyes? 1 of Ag NO3

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Vernon Maroni Phillips	FULL MAIDEN NAME	Bertha Callan
RESIDENCE	Dayton Idaho	RESIDENCE	Dayton Idaho
COLOR	W AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Preston Idaho

Filed Dec. 4 1922 Mrs Ida Lippert
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

I DAVID T. (?) PUBLIC WELFARE.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Dayton

(St. _____

(County Franklin

File No. 106480

Date of Birth Nov. 6 - 1922

Sex of Child Female

Father Vernon M. Phillips Mother Bertha C. Phillips

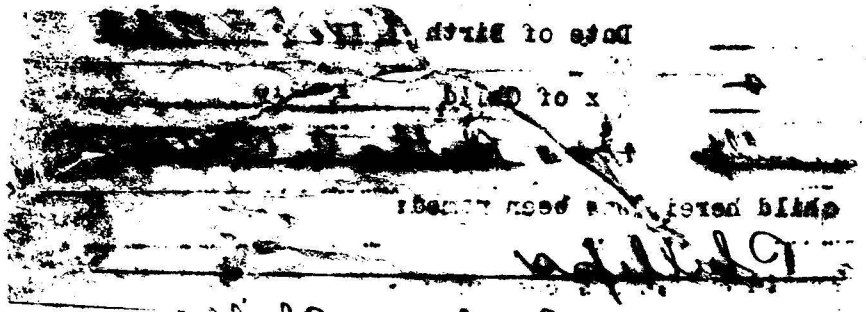
I HEREBY CERTIFY that the child herein was been named:

Barbara C. Phillips

Bertha C Phillips

Signature of ~~Father~~ or Mother.

JUN 3 0 1975



855-20-02-866

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin DEC 6 1922

City of Clifton

No. ____ St.

Registration District No. 27 File No. 106481

Hospital ____ Primary Registration District No. 2119 Registered No. 292

FULL NAME OF CHILD Amy Henderson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Female			yes	Oct. 1

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	William Martin Henderson	FULL MAIDEN NAME	Clara Verena Howell
RESIDENCE	Clifton Idaho	RESIDENCE	Clifton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	3[illegible] (Years)
BIRTHPLACE	Clifton	BIRTHPLACE	Clifton Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at one P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Esther E. L. Davis

Midwife
(Physician or midwife)

Address Clifton Idaho

Filed Nov. 27 192[illegible]

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

H-21-4

155407-021-466

Form V. S. No. 11-C-[illegible]-9-8-15

PLACE OF BIRTH

RECEIVED DEC 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106482

County of Franklin

City of Oneida Sta.

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 299

FULL NAME OF CHILD Lyle Jenks

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	2	Yes	Nov. 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilford B Jenks	FULL MAIDEN NAME	Hazel Verna Moore
RESIDENCE	Oneida Sta, Franklin Co., Idaho	RESIDENCE	Oneida Sta., Franklin Co., Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Address Preston, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec. 4 1922 Mrs Ida Tippets Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-107-021-466

PLACE OF BIRTH

County of Franklin

City of Oneida Ida.

No. ____ St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106483

Registration District No. 27 File No. ____

Primary Registration District No. 2119 Registered No. 300

FULL NAME OF CHILD Lynn M. Jenks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	Yes	Nov. 7 1922

	FATHER	MOTHER
FULL NAME	Wilford B. Jenks	FULL MAIDEN NAME Hazel Verna Moore
RESIDENCE	Oneida Ida. Franklin Co. Ida.	RESIDENCE Oneida Ida. Franklin Co. Ida.
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 2.50 A. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Curtis Bland
Physician
(Physician or midwife)

Address Preston Idaho

Filed Dec. 4 1922 M. Pro. Ida. Typeset
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/19/41. w.h.

299-220-021-229

PLACE OF BIRTH

RECEIVED
DEC 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek

No. ____ St.

Hospital ____

Registration District No. 27 File No. 106484

Primary Registration District No. 241 Registered No. 290

FULL NAME OF CHILD Elna S. Bright
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Nov. 20 1922

What bactericidal solution was used in eyes? As. Nit.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Larin A. Bright	FULL MAIDEN NAME	Arminia Skidmore
RESIDENCE	Mink Creek, Idaho	RESIDENCE	Mink Creek, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler

Physician
(Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov. 27 1922 Mrs Ida Lippett
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

DEPT. OF PUBLIC WELFARE.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth (City Mink-Creek

(St. _____

(County Franklin

File No. 106484

Date of Birth Nov. 20th 1922

Sex of Child Female

Father Laron A. Bright Mother Elna Armina Bright

DEC 1923 VITAL STATISTICS

I HEREBY CERTIFY that the child herein has been named:

Elna L. Bright

Mrs. L. A. Bright

Signature of Father or Mother.

713-213-021-299

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 106485
Local Reg. No.
Reg. Dist. No. 27

Amended 3/30/77

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Franklin	a. STATE: Idaho b. COUNTY: Franklin
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Riverdale	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Preston
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Margaret		Packer

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Nov 13, 1922

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)
	William	Melvin	Packer

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
29 YEARS	Idaho.	Farming	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Celesta	Vilate	Bright

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
20 YEARS	Idaho	2		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE	18. ATTENDANT AT BIRTH
A. R. Cutler, Jr.	M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Preston, Idaho	20. DATE SIGNED
21. DATE REC'D BY LOCAL REG.: Nov 27, 1922	22. REGISTRAR'S SIGNATURE: Mrs. Ida Tippets
	23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS	WEIGHT AT BIRTH ____ LBS. ____ OZS.	Time: 9:30 AM
RACE OR COLOR OF FATHER: W	RACE OR COLOR OF MOTHER: W	Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY	3-2-05	
BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO	DECEASED ID 05-1764	CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAR 1 3 03 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 106485

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Margaret Packer (Name on Original Certificate) who was born (Was Born or Died) on Nov 13, 1922 (Date of Event) in Riverdale (Franklin), Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
father's name	Wm. Milton Packer	William Melvin Packer
Mothers name	Misspelled	Celesta-Vilate-Bright
		A

Subscribed and sworn to before me this 28 day of February, 1977

Lyman W Merrill

Notary Public, residing at Weston Id

My commission expires 7 March 1977

(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

275 30 Hwy Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of February, 1977

Lyman W Merrill

Notary Public, residing at Weston Id.

My commission expires 7 March 1977

(Seal)

Signed R. Hyde Purser
(Signature of Any Credible Person)

Route 2 Box 207 Preston Id.
(Street Address, City, State)

FORM DH 60-135

CL 2/10/77 nm

Certif of Baptism and Confirmation from the LDS Church gives nameas Margaret Packer daughter of William Melvin Packer and Celesta Vilate Bright born Nov 13, ~~192~~ 1922 at Riverdale,Idaho. Baptized Nov 13,1930. viewed b y V. S.

MAR 3 0 1977

Certifo oof Blessing from the LDS Church give s nameas Margaret Packer daughter of Wm. Melvin Packer and Celesta Bright born Nov 13, 1922 at Riverdale, Idaho. Ble Blessed Dec 17, 1922. viewed by V. S.

493108-02-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Banida, Idaho

No. ____ St.

Registration District No. 27 File No. 106486

Hospital ____ Primary Registration District No. 2119 Registered No. 305

FULL NAME OF CHILD Joseph Melvin Miles

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov. 8 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Jeddie Miles	FULL MAIDEN NAME: Mira Smith
RESIDENCE: Banida, Idaho	RESIDENCE: Banida, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Smithfield, Utah.	BIRTHPLACE: Smithfield, Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Stutes

Physician
(Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec. 4 1922 Mrs Ida Liggett
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { City Banida

St. _____

County Franklin

File No. 106486

Date of Birth Nov. 8. 1922.

Sex of Child Male

Father Jed Miles

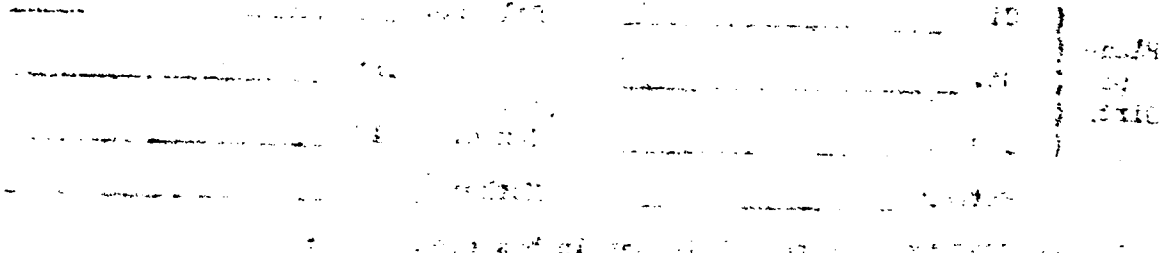
Mother Mina L. Miles

I HEREBY CERTIFY that the child herein has been named:

Joseph Melvin Miles

Mina Miles

Signature of Father or Mother.



249-125-021-255

[redacted]

m V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Riverdale, Idaho. Registration District No. 27 File No. 106487

No. St. Primary Registration District No. 2119 Registered No. 306

Hospital

FULL NAME OF CHILD Kay Lauritz Smith

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 25 22

FATHER	MOTHER
FULL NAME: Robt L. Smith	FULL MAIDEN NAME: Doris Bennett
RESIDENCE: Riverdale, Idaho	RESIDENCE: Riverdale, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Draper, Utah	BIRTHPLACE: Gentile Valley, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.15P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Address Preston, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 4 1922 Mrs. Ida Ligpata Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 9 1949

JAN 8 1945

912-108·021-9[redacted]

PLACE OF BIRT[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fran[redacted]

City of Minker[redacted]

No. ..... St.

Registration District No. 27 File No. 106488

Hospital .....

Primary Registration District No. 2119 Registered No. 308

FULL NAME OF CHILD DeMar Rasmussen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	5 (To be answered only in event of plural births)	yes	July 8 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

	FATHER		MOTHER
FULL NAME	Orlando Rasmussen	FULL MAIDEN NAME	Sarah Lizzie Rasmussen
RESIDENCE	Minkcreek	RESIDENCE	Minkcreek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minkcreek	BIRTHPLACE	Minkcreek
OCCUPATION	asst. Carpentar	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~alive~~ Born at 8 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hannah Keller

Midwife
(Physician or midwife)

Address Minkcreek

Filed Dec 4 1922 Mira da Lippeto
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1973

553-108-021-632

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 8 1922

CERTIFICATE OF BIRTH

County of Franklin

City of Mink creek

No. ____ St.

Hospital ____

Registration District No. 27 File No. 106489

Primary Registration District No. 2119 Registered No. 307

FULL NAME OF CHILD Jay Lars Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male		5 1	yes	April	8	1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 6 1 Number of child of this mother now living, including present birth 6 1

	FATHER	MOTHER
FULL NAME	Walter Lars Nelson	FULL MAIDEN NAME Lulu V Olsen
RESIDENCE	Mink creek	Mink creek
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Mink cauk Idaho	Mink creek Idaho
OCCUPATION	Farmer	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at 3 30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Hannah Keller
Midwife
(Physician or midwife)

Address Mink creek Idaho

Filed Dec 4 1922 Mrs Ida Typpets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 24 1942

815-224-021-613

PLACE OF BIRTH

RECEIVED
DEC 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 106490

County of Franklin

City of Mink Creek

No. ..... St.

Registration District No. 27

Hospital ..... Primary Registration District No. 2119 Registered No. 909

FULL NAME OF CHILD Delora Hansen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Nov. 24 1922

What bactericidal solution was used in eyes? Arg. 10 %

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Christian Hansen	FULL MAIDEN NAME	Persis Esther Watson
RESIDENCE	Mink Creek, Ida.	RESIDENCE	Mink Creek, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.

Physician

(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec. 4 1922 Mrs. Ida Tuppek

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
JAN 6 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/ 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Minks Creek
(St. _____
(County Franklin

File No. 106490

Date of Birth Nov. 24th 1922

Sex of Child Female

Father Christen Hansen Mother Persis Ellen Hansen

I HEREBY CERTIFY that the child herein has been named:

Delores Hansen

Persis E. Hansen
Signature of Father or Mother.

466-127021-394

PLACE OF BIRTH

middle name amend 9-4-84 dl DEC

County of Franklin

City of Preston

No. ..... St.

Hospital .....

FULL NAME OF CHILD Eugene Excellengent Horace Moore

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 27 File No. 106491

Primary Registration District No. 2119 Registered No. 294

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov 27 1922

FATHER	MOTHER
FULL NAME Hershel Nelson Moore	FULL MAIDEN NAME Ruby Irene Shullinger
RESIDENCE Preston Idaho	RESIDENCE Preston Idaho
COLOR W AGE AT LAST BIRTHDAY 36 (Years)	COLOR W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Illinois
OCCUPATION Labor	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30a M. on the date above stated.

(Signature) Curtis Bland
Physician
(Physician or midwife)

Address Preston Idah

Filed Dec 4 1922 Mrs Ida Tippets
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

2-10-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 21 10 58 AM '84

State of _____ } ss.
County of _____ }

Certificate No. 106491
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Eugene Tuellinger Moore (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 27, 1922 (Date of Event)
in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs middle name	Tuellinger	Horace

Subscribed and sworn to before me this 14th day of March 1984

Notary Public, [signature]
Residing at Poc. Id 83201
My commission expires Life
(Seal)

Eugene Horace Moore
Signature of Applicant
441 Warren, Poc Id
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ~~Bannock~~ Id } ss.
County of Bannock }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of March 1984

Notary Public, [signature]
Residing at Poc Id
My commission expires Life
(Seal)

Helen M. Roberts
Supporting Signature
826 W. Whitman
Street Address, City, State
Pocatello, Idaho 83204

lcc credit

Social Security Record shows Eugene Horace Moore as employee. record date begins 1937. Viewed by V.S.

Birth Certificate for Steven Keith Moore born March 6, 1960 in Pocatello, states fathers name as Eugene Horace Moore. Viewed by V.S.

SEP 4 1984

619-225-021-515

PLACE OF BIRTH

County of Franklin

City of Preston

No. 4th Ward St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 106492

Primary Registration District No. 2119 Registered No. 295

FULL NAME OF CHILD MARJEAN WAITE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Nov. 25 1922

FATHER		MOTHER	
FULL NAME	John Alphonso Waite	FULL MAIDEN NAME	Verna Van Leuven
RESIDENCE	Dayton, Idaho	RESIDENCE	Dayton Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:57 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland
Physician
(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec. 4 1922 Mrs. Ida Tippets
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gooding } ss.

Certificate No. 106492

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marjean Waite (Name on Original Certificate) who was born (Was Born or Died) on November 25, 1922 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on January 4, 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Marjean Waite

Subscribed and sworn to before me this 9th day of April, 19 43

Notary Public, residing at Gooding

My commission expires July 28, 1943
(Seal)

Signed Maxine Waite
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Gooding } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of April, 19 43

Notary Public, residing at Gooding, Idaho

My commission expires July 28, 1943
(Seal)

Signed Mrs. J. O. Lancaster, Jr.
(Signature of Any Credible Person Other Than Previous Year)

Box 41 Gooding, Idaho
(Street Address, City, State)

APR 19 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

106493

City of Preston Registration District No. 27 File No.

No. 3d Ward St. Primary Registration District No. 219 Registered No. 294

Hospital

FULL NAME OF CHILD Leman Edward Jorgensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Nov 13 1922

FATHER		MOTHER	
FULL NAME	Peter Jorgensen	FULL MAIDEN NAME	Elise Wilhelmina Doorman
RESIDENCE	Preston, Idaho	RESIDENCE	Preston Idaho
COLOR	W	AGE AT LAST BIRTHDAY (Years)	45
COLOR	W	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Hand

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Dec 4 19 22 Mrs Ida Lippets
Registrar

5-Y-CO 38071

815-109-021-165

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
DEC 8 1922
BUREAU OF VITAL STATISTICS

County of Franklin

City of Preston

No. 3d Ward St.

Registration District No. 27

File No. 106494

Primary Registration District No. 2119

Registered No. 297

Hospital

FULL NAME OF CHILD Raynold Bertram Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Nov. 9 1922

FATHER		MOTHER	
FULL NAME	Raynold Andrew Hansen	FULL MAIDEN NAME	Olive Myrl Jones
RESIDENCE	Mud Lake, Idaho	RESIDENCE	Mud Lake, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

19

Filed Dec. 4 1922 Mrs Ida Tippets
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DRAWN AND OF PU IC A ME TE.

RECEIVED DEC 19 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth (City Preston
(St. Idaho
(County Franklin

File No. 106494

Date of Birth Nov. 9, 1922

Sex of Child Male

Father Raymond A. Hansen Mother Olive Mygl Jones

I HEREBY CERTIFY that the child herein has been named:

Raymond Bertram

Olive Mygl Hansen

Signature of Father or Mother.

7-10-41

JUN 8 1940

968-208-021433 Sex of child amended 12-10-86 lh

Form V. S. No. 11-C— 5m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

REC.
DEC 8

106495

County of Franklin

City of Preston

No. 2nd Ward St.

Hospital

Registration District No. 27

File No.

Primary Registration District No. 2119

Registered No. 298

FULL NAME OF CHILD LaDean Roholt

Sex of Child Female

Twin Triplet or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov. 8 1922
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Otto Roholt	FULL MAIDEN NAME	Gladys Louise McClurg
RESIDENCE	Thatcher, Idaho	RESIDENCE	Thatcher, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:35 A. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

19

Registrar

Filed Dec 4 1922 Mrs Ida Lippets
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5

STATE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City _____ File No. 106495

(St. _____ Date of Birth _____

(County _____ Sex of Child Male

Father _____ Mother _____

I HEREBY CERTIFY that the child herein has been named:

La Dean Robert

Gladys Robert

Signature of Father or Mother.

MAR 15 1945

11-13-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

BEARD

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

DEC 8 1986

Certificate No. 106495
Date Filed _____

Bureau of Vital Statistics, Standards, and Local Health Services

The undersigned does solemnly swear that certain facts on the certificate of birth

for LaDean Roholt (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 8, 1922 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
sex of child	Male	Female

Subscribed and sworn to before me this 2nd day of December, 1986

Notary Public, Ruth Epps

Residing at Sanders Ariz. 86512

My commission expires My Commission Expires DEC. 8, 1987

(Seal)

x LaDean Roholt Garner
Signature of Applicant

x Box 463 Sanders, AZ. 86512
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Apache }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of December, 1986

Notary Public Ruth Epps

Residing at Sanders Ariz. 86512

My commission expires My Commission Expires DEC. 8, 1987

(Seal)

Dan J Dame
Supporting Signature

Box 412 Sanders Ariz 86512
Street Address, City, State

1 cc pd

DEC 10 1986

Birth certificate of son born Dec. 18, 1948 in Ogden, UT S.F.#48-2971 gives name of mother as LaDean Roholt, age 26, born in Preston, ID. Father Jack Elmer Garner.
Viewed by V.S.

Marriage certificate from Nevada, Elko Co. gives LaDean Roholt married to Jack E. Garner on Oct. 5, 1946 #7310
Viewed by V.S.

954.216.021-399

PLACE OF BIRTH

RECEIVED DEC 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106496

County of Franklin

City of Preston

No. ____ St.

Hospital ____

Registration District No. 27 File No. ____

Primary Registration District No. 249 Registered No. 291

FULL NAME OF CHILD Lou Dean Reddish

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Nov. 16 1922

What bactericidal solution was used in eyes? Ag. 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leo Reddish	FULL MAIDEN NAME	Elva Crickett
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Curtis Jr

Physician (Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Nov. 27 1922 Mrs. Ida Lippert Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAH

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Preston

(St. Idaho

(County Franklin

File No. 106496

Date of Birth Nov. 16 - 1922

Sex of Child Female

Father Leo L. Reddish Mother Elva Crockett

I HEREBY CERTIFY that the child herein has been named:

Lou Dean Reddish

Leo L. Reddish

Signature of Father or Mother.

K

JAN 22 1964

365-117-021-759

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106497

County of Franklin

City of Preston, R.F.D. No. ____ St.

Registration District No. 27 File No. ____

Hospital ____ Primary Registration District No. 2119 Registered No. 289

FULL NAME OF CHILD Bryce Lee Long

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (192)
Male			yes	Nov. 17 2

What bactericidal solution was used in eyes? Az. 20%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Rufus C. Long	FULL MAIDEN NAME: Letty Perkins
RESIDENCE: Preston Idaho R.F.D.	RESIDENCE: Preston, Idaho R.F.D.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Mississippi	BIRTHPLACE: Idaho
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. R. Cutler Jr

Physician (Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Nov. 27 1922 Mrs. Ida Lippitt Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, I

RECEIVED 1923

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
City Preston R#1
St.
County Franklin

File No. 106497

Date of Birth Nov. 17, 1923.

Sex of Child Male

Father Rufus C. Long.

Mother Lettie Perkins Long.

I HEREBY CERTIFY that the child herein has been named:

Bryce Lee Long.

Rufus C. Long. Lettie P. Long.

Signature of Father or Mother.

APR 2 4 1970

366-212-021-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 106498

Primary Registration District No. 2119 Registered No. 288

FULL NAME OF CHILD La Dene Lowe
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Femal		yes	Nov. 12 1922

What bactericidal solution was used in eyes? Ag. 20 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Rosel Belnap Lowe	FULL MAIDEN NAME	Linda Bertha Jensen
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Preston, Idaho

Filed Nov. 27 1922 Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 5 1923

STATISTICS

Boise, Idaho 12/16/22 1922.

Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth (City Pocatello

(St.

(County Franklin

File No. 106498

Date of Birth Nov 12, 1922

Sex of Child Female

Father Roswell B. Lowe Mother Linda Lowe

I HEREBY CERTIFY that the child herein has been named:

LaVere Lowe

Roswell B. Lowe

Signature of Father or Mother.

SEP 8 1971

595-106-021-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston RECEIVED

No. ____ St. DEC 8 1922 Registration District No. 27 File No. 106499

Hospital ____ Primary Registration District No. 219 Registered No. 286

FULL NAME OF CHILD Ray Jensen Nielson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Nov 6 1922

What bactericidal solution was used in eyes? Arg. 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Waldemar W. Nielson	FULL MAIDEN NAME: Beatrice Jensen
RESIDENCE: Preston Ida.	RESIDENCE: Preston Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: ~~Farming~~ Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr
Physician
(Physician or midwife)

Address Preston Idaho

Filed Nov 27 1922 Mrs Ida Lippets
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

RECEIVED MAR 2 1923 BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTIC

* * * * * * * *

Place of Birth (City Preston

(St.

(County Franklin

File No. 106499

Date of Birth Nov. 6th 192

Sex of Child Male

Father Waldemar W. Nielson Mother Beatrice Jeneen

I HEREBY CERTIFY that the child herein has been named:

Kay Jeneen Nielson

Beatrice Nielson

Signature of Father or Mother

65-28 1913

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 8 1922

CERTIFICATE OF BIRTH

County of Franklin
City of Preston
No. ..... St.
Hospital

Registration District No. 27 File No. 106500
Primary Registration District No. 2119 Registered No. 285

FULL NAME OF CHILD Athas Weaver
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Nov. 6 1922

What bactericidal solution was used in eyes? Arg. 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Baldia T. Weaver	FULL MAIDEN NAME	Lezzie Packer
RESIDENCE	Preston Idaho	RESIDENCE	Preston Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 11 15 **M.** **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) A. R. Cutler Jr
Physician
(Physician or midwife)

Address Preston, Idaho

Filed Nov. 27 1922 Mrs Ida Tippetts
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 20 1973

37-10-02-857

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106501

County of Franklin
City of Preston
No. ____ St. ____
Hospital ____
Registration District No. 27
Primary Registration District No. 2119
File No. ____
Registered No. 283

FULL NAME OF CHILD FERNE HEAD CLAYTON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	11 - 1 1922

What bactericidal solution was used in eyes? Arg. 20 %

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Francis Clayton	FULL MAIDEN NAME	Iris Head
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) A. R. Cutler Jr
Physician
(Physician or midwife)
Address Preston, Idaho
Filed Nov. 25 1922 Mrs. Ida Typaldos
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Sacramento } ss.

Certificate No. 106501

AUG 27 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on 11/1/22 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth-Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ferne Head Clayton

Subscribed and sworn to before me this 24
day of August, 1943
Mildred Marie Travis
Notary Public, residing at Sacramento, Calif.
My commission expires Apr. 24-1946
(Seal)

Signed Iris Head Clayton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt. 1, Box 574, Rio Linda, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Sacramento } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24
day of August, 1943
Mildred Marie Travis
Notary Public, residing at Sacramento, California
My commission expires Apr. 24-1946
(Seal)

Signed Francis Clayton
(Signature of Any Credible Person Other Than Previous Year)
, Rt.1, Box 574, Rio Linda, Calif.
(Street Address, City, State)

SEP 7 1943

465-226-021-753

Form V. S. No. 11-C-25

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECE
DEC 8 192
BUREAU

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 2719 File No. 106502

No. _____ St.

Primary Registration District No. 27 Registered No. 341

Hospital _____

FULL NAME OF CHILD Conie Monson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov. 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alma H Monson	FULL MAIDEN NAME	Margaret Ena Petterson
RESIDENCE	Preston, Ida.	RESIDENCE	Preston, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn), at 1:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Culler Jr.

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston Ida.

Registrar

Filed Dec 4 1922 Mrs Ida Lippett Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested on the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

RECEIVED JAN 1923 BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Preston

St. _____

County Franklin

Father Alma

File No. 106502

Date of Birth Nov 26 - 1922

Sex of Child girl Female yes

Mother Essie Monson

I HEREBY CERTIFY that the child herein has been named:

Corie Monson

Alma H. Monson

Signature of Father or Mother.

JUN 1 1 1971

155-203-021-512

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106503

County of Franklin RECEIVED
City of Preston DEC 8
No. ..... St. Registration District No. 27 File No. .....
Hospital ..... Primary Registration District No. 2119 Registered No. 284

FULL NAME OF CHILD Zelda Jensen.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Nov. 3 1922

What bactericidal solution was used in eyes? Ag 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Orian Jensen	FULL MAIDEN NAME	Lottie Eaken
RESIDENCE	Preston Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Oregan
OCCUPATION	Mail clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:50 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.
Physician
(Physician or midwife)

Address Preston Idaho

Filed Nov. 25 1922 Mrs Ida Lippets
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-205-021-169

Amended 2-27-63 (Be sure the information is complete and accurate)

State File No. 106504
Local Reg. No. 302
Reg. Dist. No. 27

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Beth
b. (Middle): Lugene
c. (Last): Herbert

4. SEX: F.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Nov. (Day) 5, (Year) 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Richard
b. (Middle): Dewey
c. (Last): Herbert

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Idaho

11a. USUAL OCCUPATION: Farming

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Jennie
b. (Middle):
c. (Last): Morgan

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Curtis Bland, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Preston, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Dec. 4, 1922

20. REGISTRAR'S SIGNATURE: Mrs. Ida Tippets

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occ hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phy or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or ow the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

L.D.S. Church Cert. of Blessing, Jan. 7, 1923 gives full name as Beth Lugene Herbert, daughter of Dewey Herbert and Jennie Morgan, born Nov. 5, 1922 at Preston, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
document listed on back -
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

JAN 29 1963
Bureau of Vital Statistics

State of Utah
County of Weber } ss.

Certificate No. 106504

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Beth Legune Herbert (Name on Original Certificate) who was born (Was Born or Died) on Nov. 5, 1922 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Beth Legune Herbert	Beth Lugene Herbert

Subscribed and sworn to before me this 18 day of January 19 63

Notary Public, residing at Ogden, Utah
My commission expires 11-13-65
(Seal)

Signed Mrs. Dewey H. Herbert - parent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Weber } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of January 19 63

Notary Public, residing at Ogden, Utah
My commission expires 11-13-65
(Seal)

Signed Hazel M. Evans (Aunt)
(Signature of Any Credible Person)

837 1/2 E Malad City Idaho
(Street Address, City, State)

FORM DM 60-155 CL 3-13-62. mm one copy pd. rec. #21565.

App. for Membership of Jane Morgan, wife of Richard Dewey Herbert, to the Society of Daughters of The Utah Pioneers, app. dated Mar. 9, 1934 gives one child's full name as Beth Lugene Herbert, born Nov. 5, 1922 at Preston, Idaho - viewed by V.S.

195-227-021-413

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106505

County of Franklin

City of Preston

No. ..... St.

Registration District No. 27 File No. .....

Hospital ..... Primary Registration District No. 219 Registered No. 310

FULL NAME OF CHILD Marilyn Ainscough

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Nov 27 1922

What bactericidal solution was used in eyes? Arg. 10 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles Owens Ainscough	FULL MAIDEN NAME	Margaret Dalley
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	School Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal (Born alive or stillborn) at 2.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler M.D.

Physician (Physician or midwife)

Address Preston Ida

Filed Dec 4 1922 Mrs Ida Liggett Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

RECEIVED
FEB 26 1923
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Preston

(St. _____

(County Franklin

File No. 106505

Date of Birth Nov. 27, 1922

Sex of Child Female

Father Chas. A. Ainscough Mother Marguerite Dalley

I HEREBY CERTIFY that the child herein has been named:

Marilyn Ainscough

Chas. A. Ainscough

Signature of Father or Mother.

APR 25 1966

THIS CERTIFICATE MUST BE FORWARDED BY THE LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH, SALT LAKE CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROPERLY REGISTERED.

132-205-021-219

PLACE OF BIRTH

STATE BOARD OF HEALTH FILE NO.....

CERTIFICATE OF BIRTH

STATE OF [redacted]

IDAHO 106506

County of Franklin

Precinct of .....

Town or Village of Franklin, Ida

City of .....

Street and No. .....

If in Hospital or other institution, give its name instead of Street and number.

FULL NAME OF CHILD Bonnie Dean Atkinson

If child is not yet named, make supplemental report as directed

Sex of Child	Twin, triplet, or other?	Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)		Yes	Nov. (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Alvin Lewis Atkinson	FULL MAIDEN NAME	Jessie Lucinda Bair
RESIDENCE	Franklin, Ida	RESIDENCE	Franklin, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Former.	OCCUPATION	House-wife

Number of children born to this mother, including present birth 4

Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occured on Nov. 5 1922 at 8 35 P M

Premature No or Still Birth? No (Yes or No)

(Signature) C. C. Randall

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Date 11-7 1922

M. D. (Physician or Midwife)

Given name added from supplemental report

.....19

.....
Registrar

Address of Physician or Midwife Logan Utah

Filed Nov. 27 1922

Mrs. Ida Tippets
Registrar

Registered No. 293 Reg. Dist No 27 Primary Reg Dist No 2119.

SIDE.

Information for Physicians, Midwives, Parents and Other
Required to Report Births

Section 5050, Compiled Laws of Utah, 1917. That all births that occur in the State shall be immediately registe district in which they occur, as hereinafter provided.

REPORTS

Sec. 5051, Compiled Laws of Utah, 1917. That it shall be the duty of the Attending Physician or Midwife to file cate of birth, giving all the particulars required by this Act, with the local registrar of the district in which the birth within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of t of the child, Householder or Owner of the premises, Manager or Superintendent of Institution in which the birth occu said certificate of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.

The Full Name of the child is necessary for identification. If the child is not named when the report is made, ge from local registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.

Section 5055, Compiled Laws of Utah, 1917, provides that: * * * "All Physicians, Midwives, Informants connected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such in as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or th local registrar." * * * The State Registrar will not accept as complete a certificate with this data omitted with factory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specified in shall strike out the words "I hereby certify that I attended the Birth of above child," and write in lieu thereof the Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as father, householde the case may be, with his address.

INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become e before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, ret for complete report. Enter the date of filing in your office immediately; give the certificate its proper registered nu make a copy of the original certificate for your local record. If the name of the child is not reported give the person w the return a blank for supplemental report of name and direct that it be sent to you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplemental name of child has not yet been filed, send the certificate and forward the latter report as soon as received after entering other fact on your copy. If the child died before being named, the report should be made with the statement "died u

PENALTY.

Sec. 5059, Compiled Laws of Utah, 1917. And any physician or midwife in attendance upon a case of confine any other person charged with responsibility for reporting births, in the order named in Sec. 5051 of this Act, who shal or refuse to file a proper certificate of birth with a local registrar, within the time required by this Act, shall be deem of a misdemeanor. * * * And any registrar, or deputy registrar, who shall neglect or fail to enforce the provision Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the ins and directions of the State Registrar, shall be deemed guilty of a misdemeanor. * * * Any person convicted of demeanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundre

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of Healt

RECD JAN 1 BUREAU

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Franklin

(St. Idaho

(County Franklin

File No. 106506

Date of Birth No. 5

Sex of Child Female

Father A. L Atkinson Mother Jessie Atkinson

I HEREBY CERTIFY that the child herein has been named:

Bonne Dean Atkinson

Alvin Lewis Atkinson

Signature of Father or Mother.

OCT 8 1943

2-854

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 4 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106507

City of

No. St. Registration District No. 11-2 File No. 1

Hospital Primary Registration District No. 2 Registered No. 137

FULL NAME OF CHILD Robert French Thompson
(Certificate of no value without full name of child.)

Sex of Child male ? and Number in order of birth (Answered only in event of plural births) Legitimate? yes Date of birth 11-11-1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles F. Thompson	FULL MAIDEN NAME	Alice Hedeen Thompson
RESIDENCE	Ashton, Idaho	RESIDENCE	Ashton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Va.	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A C Meacham
Phys
(Physician or midwife)

Address Ashton Idaho

Filed 11-11-1922 A C Meacham
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1942

APR 6 1971

193-207-022-343

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106508

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99

File No. .....

Hospital .....

Primary Registration District No. 21,77

Registered No. 20

FULL NAME OF CHILD Baby Archibold
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			2	yes	Sept 7 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver nitrat

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	John Wm Archibold	FULL MAIDEN NAME	Ossie Pearl Tuck
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Frank Watkins
Phy.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address St. Anthony Ido

Filed Nov 20 1922 W. M. Hansen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-206-022 855

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106509

County of Fremont

City of Parker

No. ..... St.

Hospital .....

DEC 1 1927 BUREAU OF VITAL STATISTICS

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. 21

FULL NAME OF CHILD Phillis Warnberg

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	yes	Sept 6 1927

What bactericidal solution was used in eyes? Silver Nitrat

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Sigurd Warnberg	FULL MAIDEN NAME	Era Henrickson
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Frank Brockus Phy.

(Physician or midwife)

Address St Anthony Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Nov 20 1928 W W Hansen

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-106-022-964

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Wilford

No. ..... St.

Hospital .....

Registration District No. 99 File No. 106510

Primary Registration District No. 2177 Registered No. 22

FULL NAME OF CHILD Thomas Edward Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male	1	yes	Sept 6 1922

What bactericidal solution was used in eyes? Silver nitrat

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Hyrum Thomas Brown	FULL MAIDEN NAME	Mine Thiesha Russell
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 a.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Frank Watkins
Phy.
(Physician or midwife)

Address St Anthony, Ida

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed Nov 20 1922 W. M. Hansen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

(156-205-022-855

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106511

County of Fremont

City of Stanthony

No. ____ St.

Hospital ____

Registration District No. 99 File No. ____

Primary Registration District No. 2177 Registered No. 23

FULL NAME OF CHILD Belva M. Jeffs

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	and	#3	yes	Sept 5 1922

What bactericidal solution was used in eyes? Silver nitrate.

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lorenzo Jeffs.	Alton Henderson
RESIDENCE	St Anthony	Stanthony Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Idaho	Idaho.
OCCUPATION	Farmer	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 6 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Frank Watkins

Physician

(Physician or midwife)

Address Stanthony Idaho

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

Filed Nov 20 1922 W.W. Hansen

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 21 1966

251-101-[redacted]

PLACE O[redacted]

041-554

County of

City of Tetonia

No. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 106512

Primary Registration District No. 2177 Registered No. 24

FULL NAME OF CHILD PHIL NEIBAUR KNAPP
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male	2	yes	Sept 1 1922

What bactericidal solution was used in eyes? Silver nitrat

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Sylvia Williams Knapp	FULL MAIDEN NAME	Sahia Lizibetha Neibaur
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY 38 (Years)	COLOR	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Frank Watkins
Phy
(Physician or midwife)

Address St Anthony Ida

Filed Nov 20 1922 W M Hansen
Registrar.

Give names added from a supplemental report.

....., 19....

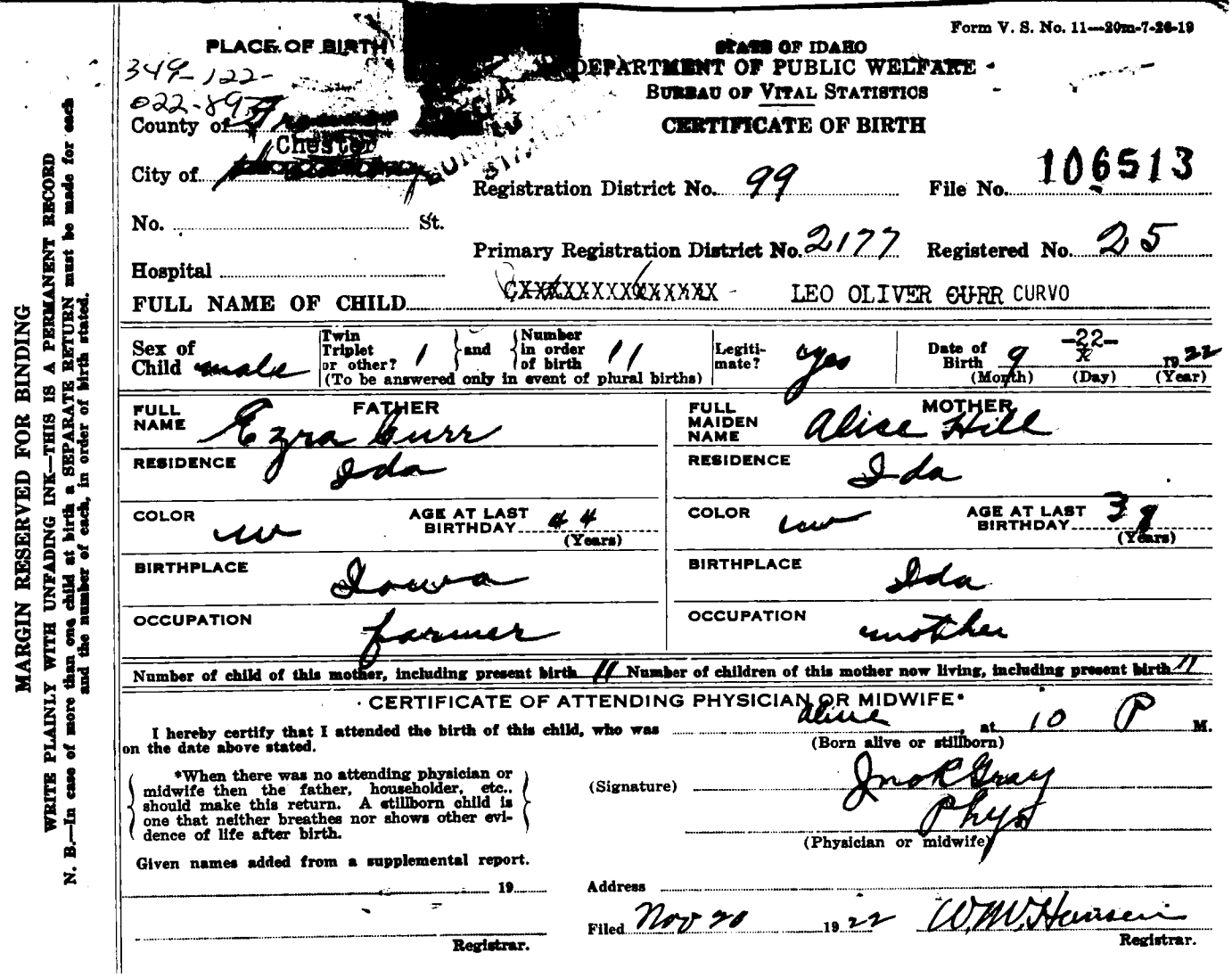
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P.C. 6/24/41

[redacted]

FEB 19 1947



Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

349-122-022-897

County of [redacted] Chester

City of [redacted]

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 106513

Primary Registration District No. 2177 Registered No. 25

FULL NAME OF CHILD ~~XXXXXXXXXXXXXX~~ LEO OLIVER ~~CURR~~ CURVO

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male	1		11	yes	9	22	1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ezra Curr	FULL MAIDEN NAME	Alice Hill
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Iowa	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	mother

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address .....

Filed Nov 20 1922 W. M. Hansen Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO,)
) ss:
County of Fremont)

I, ~~T. H. Foley~~ Jack A. Stone, Clerk of the District Court, and Ex-Officio Auditor and Recorder, in and for the County of Fremont, State of Idaho, do hereby certify that the attached is a full, true, and correct copy of a certain Order, In the matter of the application of Eldon Dwane Curr and Loe Oliver Curr, brothers, for change of surname.

as the same now appears of record on file in my office, as instrument No. 271379

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of my office this 25 day of April A. D., 1951.

Jack A. Stone
Clerk of District Court, and Ex-Officio Auditor and Recorder
By Maud Burd

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 106513

State of ..... } ss.

County of .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthplace	St Anthony	Chester
name	John Curr	Leo Oliver Curr
birthdate	Sept. 2 1922	Sept. 22 1922 ?

Subscribed and sworn to before me this 7th day of Jan., 1944

Or Meservy

~~Notary Public, residing~~ at Probate Judge

My commission expires .....

(Seal)

Signed Alice S Curr

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Chester Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person Other Than Previous Year)

.....

(Street Address, City, State)

JAN 1 2 1944

IN THE DISTRICT COURT OF THE NINTH JUDICIAL DISTRICT OF THE STATE OF IDAHO IN AND FOR THE COUNTY OF FREMONT

In the matter of the application of Eldom Dwane Curr and Leo Oliver Curr, brothers, for change of surname.) ORDER

This cause came on regularly to be heard before the above entitled Court, sitting without a jury, at the Court Room of said court at Idaho Falls, Idaho on the 20th day of April, 1951, which is the day heretofore appointed by order of this Court for hearing said matter. Willard C. Burton, Attorney at Law, of St. Anthony, Idaho, appeared for and on behalf of the petitioners, and no one appeared to object to the said petition, and it appeared that no objections have been filed herein.

It appeared to the Court that the application of Eldon Dwane Curr and Leo Oliver Curr for change of surname was filed in the said Court on the 2nd day of March, 1951, and that publication of notice of hearing was made thereafter in the form and manner and for the time required by law, that the date of hearing thereof was set by this Court, and that no one has filed any objections thereto, and that no one has now appeared to object thereto;

And competent evidence having been introduced in support of petitioners' application, and from which evidence the Court finds that the petitioners, Eldon Dwane Curr and Leo Oliver Curr, and each of them, now bear the surname Curr and that there is good reason for changing said surname to Curvo.

NOW THEREFORE, by reason of the law and the premises and upon motion of Willard C. Burton, attorney for petitioners,

IT IS HEREBY ORDERED that the surname of Eldon Dwane Curr be, and it is hereby, changed to Curvo, and that the said Eldon Dwane Curr, hereafter be known as Eldon Dwane Curvo.

AND IT IS FURTHER HEREBY ORDERED that the surname of Leo Oliver Curr be, and the same is hereby changed to Curvo, and that the said Loe Oliver Curr hereafter shall be known as Leo Oliver Curvo.

Henry S. Martin

District Judge

962-102-022-295

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 106514

Primary Registration District No. 2177 Registered No. 26

FULL NAME OF CHILD ~~Claude~~ Clyde Robt. Rose
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male	1	yes.	Oct 2 1922

What bactericidal solution was used in eyes? Silver Nitrat

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	~~Claude~~ CLYDE Rose.	FULL MAIDEN NAME	Mable Ann Singleton
RESIDENCE	St Anthony.	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	~~Idaho~~ Utah	BIRTHPLACE	Idaho.
OCCUPATION	Labor.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Frank Stackman
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address St Anthony Ida

Filed Nov 20 1922 W. M. Hansen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 9 1942

816-104-022-X64

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106515

County of Fremont

City of Teton

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No. 27

Hospital

FULL NAME OF CHILD Reid Henry ~~[illegible]~~ Haws

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Oct. 4 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Raymond Haws	FULL MAIDEN NAME	Mary O. Dodson
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Teton	BIRTHPLACE	Spokane S.D.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon

MD
(Physician or midwife)

Given names added from a supplemental report.

19

Address St Anthony, Ida

Filed Nov 25 1922 W. M. Hansen
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1960

c.c. 6/19/41. W.h.

962-205-033-764

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

County of Madison

City of Clementsville

Registration District No. 99 File No. 106516

No. ..... St.

Primary Registration District No. 2177 Registered No. 28

Hospital .....

FULL NAME OF CHILD Mabel Ella Ross

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female	1		1	yes	10	5	1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clifford Ross	FULL MAIDEN NAME	Lenore Pouton
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	wash	BIRTHPLACE	Ill
OCCUPATION	farmer	OCCUPATION	mother

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed Oct 15 1922 W M Hansen
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 7 1942

OCT 25 1968

FEB 10 1969

OCT 29 1956

665-22/-022-253

PLACE OF BIRTH
Amended June 8, 1955

County of Fremont

City of St. Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 106517

Primary Registration District No. 2177 Registered No. 29

FULL NAME OF CHILD VEDA VIRGINIA OWEN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Oct. 21 1922

What bacteriocidal solution was used in eyes? Neo silvol (20% solution)

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry F. Owen	FULL MAIDEN NAME	Mary Bell
RESIDENCE	St. Anthony	RESIDENCE	St. Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Chester, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

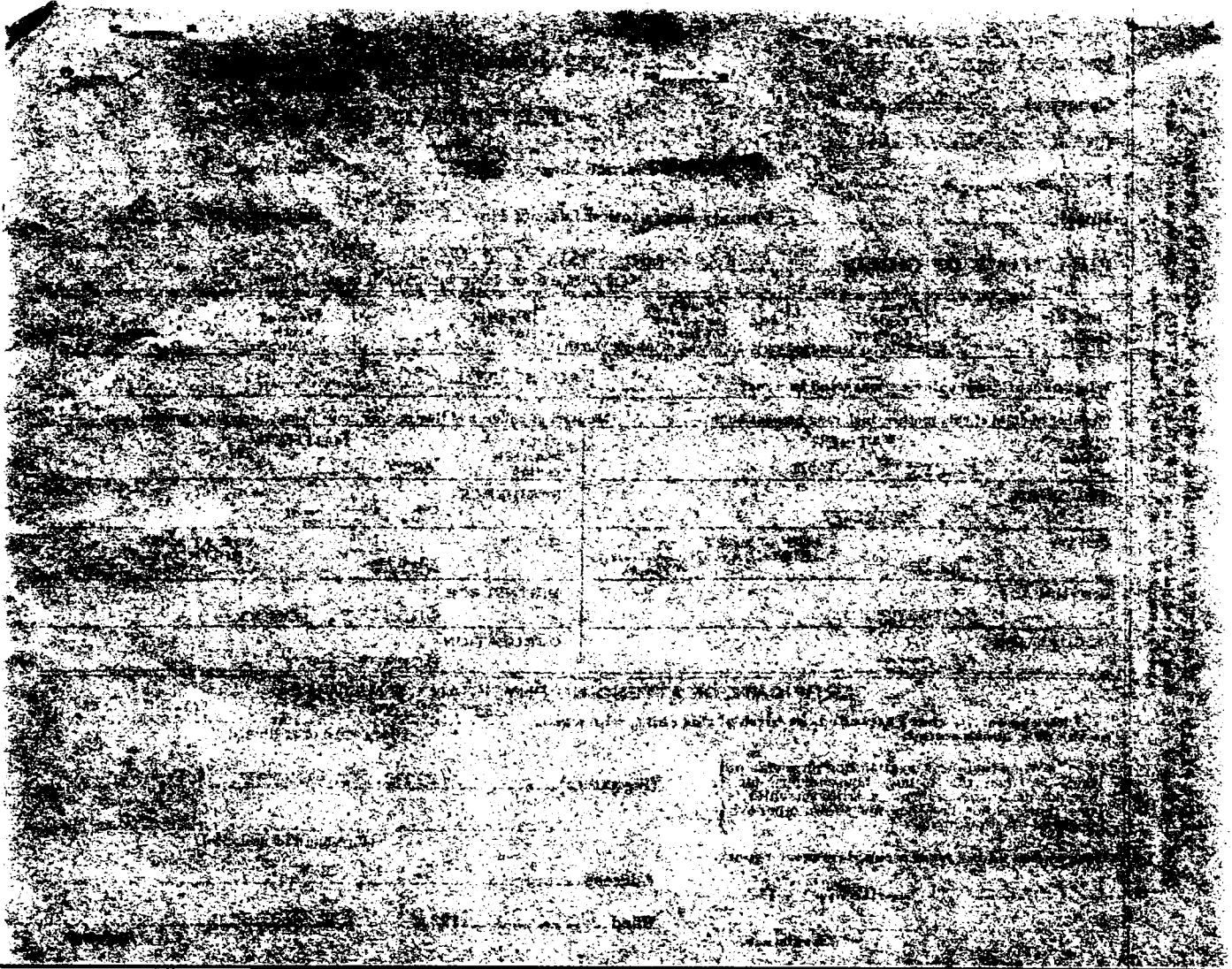
..... Registrar.

(Signature) Verne S. Gearey, M.D.
(Physician or midwife)

Address St. Anthony

Filed Oct. 24 1922 Wm. Hansen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
JUN 6 1955
Division of Vital Statisti

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Lincoln } ss.

Certificate No. 106517

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Vedia Irene (Name on Original Certificate) who was born (Was Born or Died) on October 21, 1922 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on 1930 (Approx. Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Vedia Irene	Veda Virginia Owen

VIEWED BY DIV. OF VITAL STATISTICS.

Subscribed and sworn to before me this 31st
day of May, 19 55

Edna Harrington
Notary Public, residing at Newport, Oregon

My commission expires Nov. 26, 1957
(Seal)

Signed Myrtle Stevenson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

456 Rose Newport Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Lincoln } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of May, 1955

Edna Harrington
Notary Public, residing at Newport

My commission expires 11-26-57
(Seal)

Signed Mrs Hilda Inman
(Signature of Any Credible Person Other Than Previous Year)

Box 1152 Newport
(Street Address, City, State)

735-126-022-194

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of St Anthony

City of Co of Fremont

No. ..... St.

Hospital .....

Registration District No. 99 File No. 106518

Primary Registration District No. 2199 Registered No. 30

FULL NAME OF CHILD Henry Plesner, Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	10 - 26 1922

FATHER		MOTHER	
FULL NAME	Henry Plesner	FULL MAIDEN NAME	Minnie Ard
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Norway	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address St Anthony Idaho

Filed Oct 30 1922 W M Hansen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

391-131-022-864

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 106519

No. ..... St.

Primary Registration District No. 2177 Registered No. 31

Hospital .....

FULL NAME OF CHILD Clark Crawford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct. 31 1922

FATHER		MOTHER	
FULL NAME	Joan C. Crawford	FULL MAIDEN NAME	Lela Young
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ogden, U.	BIRTHPLACE	Twin Groves, Idaho
OCCUPATION	Hotel Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Nov 20 1922 W M Hansen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REC'D DEC. 4, 1922

TYPE OR PRINT IN PERMANENT INK

State of Idaho
CERTIFICATE OF LIVE BIRTH

State File No. 106520
Local Reg. No. 2177
Reg. Dist. No. 99

CHILD

1. CHILD-NAME FIRST	MIDDLE	LAST	2. SEX	3a. DATE OF BIRTH (Mo., Day, Yr.)	3b. HOUR
VERLA	COY	GARDNER	FEMALE	11-4-22	7:25A M

4a. INSTITUTION NAME (If not in hospital or clinic, give street and number)	4b. CITY, TOWN OR LOCATION OF BIRTH	4c. COUNTY OF BIRTH
	ST. ANTHONY	FREMONT

CERTIFIER

I certify that stated information concerning this child is true to the best of my knowledge and belief.

5a. (Signature) ▶	5b. DATE SIGNED (Mo, Day, Yr.)	5c. NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print)
J.E. MELTON, M.D.		

5d. CERTIFIER NAME AND TITLE (Type or print)	5e. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
J. E. MELTON, M.D.	

6a. REGISTRAR (Signature) ▶	6b. DATE RECEIVED BY REGISTRAR (Month, Day, Year)
W.M. HARRISON	NOV. 25, 1922

MOTHER

7a. MOTHER-MAIDEN NAME FIRST	MIDDLE	LAST	7b. AGE	7c. STATE OF BIRTH (If not in U.S.A., name country)
JENEEL		JEFF	22	UTAH

8a. RESIDENCE STATE	8b. COUNTY	8c. CITY, TOWN OR LOCATION	8d. STREET AND NUMBER OF RESIDENCE	8e. INSIDE CITY LIMITS (Yes or No)
IDAHO	FREMONT	ST. ANTHONY		

9. MOTHER'S MAILING ADDRESS - If same as above, enter Zip Code only — ZIP CODE

FATHER

10a. FATHER-NAME FIRST	MIDDLE	LAST	10b. AGE	10c. STATE OF BIRTH (If not in U.S.A., name country)
ERAS		GARDNER	29	IDAHO

I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.

11a. (Signature of Parent or Other Informant) ▶	11b. RELATION TO CHILD
JENEEL GARDNER	MOTHER

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

12. RACE-MOTHER (White, Black, American Indian, Japanese, etc.)	13. RACE-FATHER (White, Black, American Indian, Japanese, etc.)	14. BIRTH WEIGHT	15a. THIS BIRTH - Single, twin, triplet, etc.	15b. IF NOT SINGLE - Born first, second, third, etc.	16. IS MOTHER MARRIED? (At birth, conception, or any time between) (Yes or No)

PREGNANCY HISTORY (Complete each section)

LIVE BIRTHS (Do not include this Child)	OTHER BIRTHS/TERMINATIONS (Include stillbirths, miscarriages, and induced terminations)
17a. Now living	17b. Now dead
	17d. Before 20
	17e. After 20

18. EDUCATION – MOTHER (Specify only highest grade completed)		19. EDUCATION – FATHER (Specify only highest grade completed)	
Elementary or Secondary (0-12)	College (1-4 or 5+)	Elementary or Secondary (0-12)	College (1-4 or 5+)

DATE LAST NORMAL MENSES	MONTH OF PREGNANCY PRE-	PRENATAL VISITS	APGAR SCORE

DEATH UNDER ONE YEAR OF AGE
Enter State File Number of death certificate for this child

493212 - 022-845

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106521

County of Fremont

City of Parker.

No. ____ St.

Hospital ____

Registration District No. 99 File No. ____

Primary Registration District No. 2177 Registered No. 33

FULL NAME OF CHILD HELEN Miller.
(Certificate of no value without full name of child.)

Sex of Child Female | **Twin Triplet or other?** | **and Number in order of birth** 1st (To be answered only in event of plural births) | **Legitimate?** yes | **Date of birth** Oct 12th 1927 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Silver Nitrat

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Andrew Miller	FULL MAIDEN NAME	Vera L. Hunter
RESIDENCE	Parker.	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32.	AGE AT LAST BIRTHDAY (Years)	28.
BIRTHPLACE	Parker. Ida.	BIRTHPLACE	Oakley Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Frank Hawkins M. D.
(Physician or midwife)

Address ____

Filed Dec 2 1927 H. M. Hansen
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 106521
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)
for (Name on original certificate) who (Was born or died) on (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Helen Miller	Hellen Miller
Date of birth	Oct. 1922	Oct. 12, 1922

Subscribed and sworn to before me this 8
day of Dec., 1941.

Notary Public, residing at Rexburg, Ida.
My commission expires
[SEAL]

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8
day of Dec., 1941.

Notary Public, residing at Rexburg Ida
My commission expires
[SEAL]

Signed Beatrice M. Cooper
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 1 1946
JUN 6 1986

299-206-022-386

PLACE OF BIRTH

County of Fremont, Newdale

City of

No. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 106522

Primary Registration District No. 2177 Registered No. 34

FULL NAME OF CHILD Vallejo Carrol Briggs
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	2.	yes	Nov. 6- 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver nitrat Agnes

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	James Gail Briggs	FULL MAIDEN NAME	Alma Beatrice Thompson
RESIDENCE	Newdale, Ido.	RESIDENCE	Newdale, Ido.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 55 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Frank Atkins M. D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address St Anthony Idaho

Filed Dec 2 1922 W M Hansen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1951 APR 11 1958
JUL 2 1974

25/3-4/15-022-4/19

PLACE OF BIRTH

County of Fremont

City of Stanthony

No. ..... St.

Hospital .....

RECEIVED DEC 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 106523

Primary Registration District No. 2177 Registered No. 35

FULL NAME OF CHILD Baby Butler Don Martin

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	and	4	yes	Oct 15 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Bryant Butler	FULL MAIDEN NAME	May Juanita Martin
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kans.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Grant Watkins M. D.

(Physician or midwife)

Address St Anthony Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec 2 1922 W. W. Hansen

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/28/41. w.h.

566-22-2293 (Be sure the information is complete and accurate)

Amended 9-9-68

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 106524
Local Reg. No. 36
Reg. Dist. No. 99

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Lucine b. (Middle): Otto c. (Last): Howard

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Nov. (Day) 22, (Year) 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Ira b. (Middle): Stanton c. (Last): Howard

8. AGE (At time of this birth): 30 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Carrie b. (Middle): c. (Last): Archibald

13. AGE (At time of this birth): 30 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. Frank Watkins, M.D.

19. ADDRESS: St. Anthony, Idaho

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec. 2, 1922

22. REGISTRAR'S SIGNATURE: W. W. Hansen

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES NO DATE

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

AUG 2 1 1968

Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 106524

Date Filed .....

The undersigned does solemnly swear that certain facts on the ..... Birth
(Birth or Death)
for Unnamed Howard (female child) who was born on Nov. 22, 1922
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in St. Anthony, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ..... , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lucine Otto Howard
Sex of Child	Female	Male

Subscribed and sworn to before me this ..... day of
..... , 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Carrie Archibald Howard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of
August, 1968.

Notary Public, residing at Eagle, Ida
My commission expires Sept 28, 68
(Seal)

Signed Wallace Clark Robinson
(Signature of Any Credible Person)

Newdale, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 8-5-65. one copy pd. rec. #13232.

Own childs birth certificate on file, state of Idaho # 356822 gives name of father as Lucine Otto Howard. Child born Aug 12, 1942.
Viewed by V.S.

Army Discharge indentificatéon card lists name as Lucine Otto Howard. Issued June 12, 1946. Enlisted Aug 1, 1945 # 2465482.
Viewed by V.S.

313-223-022-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. 106527

Primary Registration District No. 2177 Registered No. 3

FULL NAME OF CHILD Roberta Lathen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	4	yes	April 23 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrat

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Levi G Lathen	FULL MAIDEN NAME	Mary Iva Rose
RESIDENCE	St Anthony Idaho	RESIDENCE	St Anthony Ido
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Frank Watkins
Phy.
(Physician or midwife)

Address St Anthony Ido

Filed Nov 20 1922 W. W. Hansen
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

944-125-022 257

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106528

County of Fremont

City of St Anthony

No. ..... St. ..... Registration District No. 99 File No. .....

Hospital St Anthony Primary Registration District No. 2177 Registered No. 4

FULL NAME OF CHILD Joseph Hyrum Rudd Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	yes	June 25 1922

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Joseph Hyrum Rudd	FULL MAIDEN NAME	Harriet Virginia Beam
RESIDENCE	Parker, Idaho.	RESIDENCE	Parker, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Frank Watkins MD
St Anthony Idaho
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Nov 20 1922 W. M. Leamon Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

194-131-041553

RECEIVED DEC 1 1922 BUREAU OF VITAL STATISTICS

No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITAL [redacted]

County of Teton

CERTIFICATE OF [redacted]

City of Clementsville

Registration District No. 99

No. ..... St.

Primary Registration District No. 2177 Registered No. [redacted]

Hospital .....

FULL NAME OF CHILD Rex Johnnie Ard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1		1	yes	5-31-1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Ard	FULL MAIDEN NAME	Phoebe Nelson
RESIDENCE	Clementsville	RESIDENCE	do
COLOR	wh	COLOR	do
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	mother

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray Phys

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

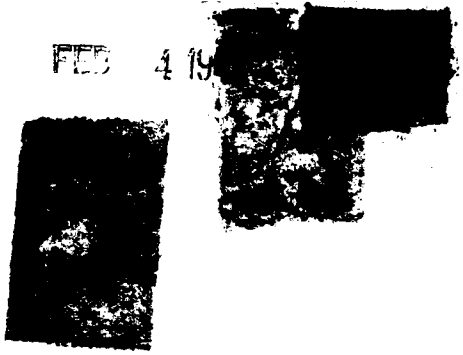
Filed Oct 13th 1922 W. M. Hansen Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 19



AUG 30 1960

851-219-022469

PLACE OF BIRTH

STATE OF IDAHO [redacted] 11—20m-7-26-19

DEPARTMENT OF PUBLIC W[redacted]

BUREAU OF VITAL ST[redacted]

CERTIFICATE OF BIRTH

106530

County of Fremont

City of St Anthony

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No. 6

Hospital

FULL NAME OF CHILD Dora Irene Hoops

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem	1		1	yes	5 — 19 — 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ersel Hoops	FULL MAIDEN NAME	Bessie Morgan
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	wyo	BIRTHPLACE	Ida
OCCUPATION	Cook	OCCUPATION	mother

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray

Phys

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed Oct 13th 1922 W. M. Hanson

Registrar.

[redacted]

MAR 17 1960

964.202.022-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106531

RECEIVED DEC 1 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

County of Fremont

City of Parker

No. ..... St. .....

Registration District No. 99 File No. .....

Hospital .....

Primary Registration District No. 2177 Registered No. 7

FULL NAME OF CHILD Baby Romell

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	yes	July 2 1922

What bactericidal solution was used in eyes? Silver nitrat

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Joseph Marcus Romell	FULL MAIDEN NAME	Phera Ba. Walker.
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Frank Jenkins M D

(Physician or midwife)

Address St Anthony Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov 20 1922 W. A. Hanson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-230-022962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106532

County of Fremont

City of St Anthony

No. ____ St.

Hospital

Registration District No. 99 File No.

Primary Registration District No. 2177 Registered No. 8

FULL NAME OF CHILD Carol Hoit

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	yes	Aug 30 1922

What bactericidal solution was used in eyes? Silver Nitrat

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	William G. Hoit	FULL MAIDEN NAME	Lettie Rose
RESIDENCE	St Anthony Ida.	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Frank Watkins M.D.
St Anthony Ida
(Physician or midwife)

Address

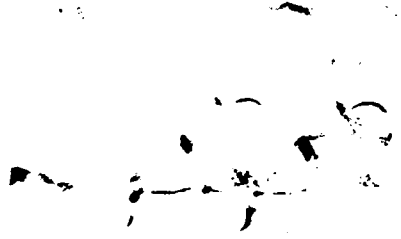
Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Nov 20 1922 W. M. Hansen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



1844

766-227-222-359

PLACE OF BIRTH

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106533

County of Fremont

City of Hemon

No. ..... St.

Registration District No. 99 File No. .....

Hospital ..... Primary Registration District No. 2177 Registered No. 9

FULL NAME OF CHILD Eloise Powell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	8-27-1922

What bactericidal solution was used in eyes? 2% Mercury Chrome

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James Raymond Powell	FULL MAIDEN NAME	Agnes Pearl Terry
RESIDENCE	Hemon	RESIDENCE	Hemon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich
MD
(Physician or midwife)

Address Rexburg Idaho.

Filed Oct 10 1922 W. M. Hanson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-226-222-753

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 106534
Local Reg. No.
Reg. Dist. No. 99

Amended 10/29/74

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parker
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Norma
b. (Middle): Valora
c. (Last): Killpack

4. SEX: F

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Aug. (Day) 26, (Year) 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Ellin
b. (Middle):
c. (Last): Killpack

8. AGE (At time of this birth): 23 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Ferron, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Hazel
b. (Middle):
c. (Last): Peterson

13. AGE (At time of this birth): 19 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Minnesota

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. E. Melton, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: St. Anthony, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov.25, 1922

22. REGISTRAR'S SIGNATURE: W. M. Hansen

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 11:50 AM

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 10 9 49 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 106534

Date Filed 8/26/22

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Killpack (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 25, 1922 (Date of Event) in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	unnamed (Calvin)	Norma Valora Killpack

Subscribed and sworn to before me this 16 day of September, 1974

Notary Public, residing at Blackfoot, Idaho

My commission expires May 3, 1977

(Seal)

Signed RT 1, Firth, Idaho 83236
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Harold Killpack
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of September, 1974

Notary Public, residing at Blackfoot, Idaho

My commission expires May 3-1977

(Seal)

Signed + Annie Butler
(Signature of Any Credible Person)

+ 1235 N. Spruce - Blackfoat Idaho
(Street Address, City, State)

FORM DH 80-155 CL 6/20/74 nm

Certificate of Baptism and Confirmation from the LDS Church gives name as Norma Valora Killpack daughter of Ellis Killpack and Hazel Elnore Peterson. Born Aug. 26, 1922 at St. Anthony, Idaho. Was Baptized Aug. 16, 1931. viewed BYVS

Diploma from Ammon & High schol, Ammon, Idao gives child's name as Norma Valora Killpack. dated May 17, 1940. viewed by V. S.

168-219-022-745

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 4 1922

CERTIFICATE OF BIRTH

106536

County of Fremont

City of Wilford

No. ..... St.

Hospital .....

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. 12

FULL NAME OF CHILD Beulah Alene Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	2.	yes	Aug 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 11 Silver nitrat

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Raymond R. Johnson	FULL MAIDEN NAME	Wetthy Jane Pinsock
RESIDENCE	Wilford. Ido	RESIDENCE	Wilford Ido
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23.	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Sugar City. Ido
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Frank Dockum
Phy.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address St. Anthony Ido

Filed Nov 20 1922 W. McKeansen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 106536

Date Filed .....

RECEIVED SEP 20 1971 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Baby Johnson (Name on Original Certificate) who was born (Was Born or Died) on Au. 19, 1922 (Date of Event) in Wilford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Baby Johnson	Beulah / Alene Johnson

Subscribed and sworn to before me this 17th day of Sept 19 72

Robert G. Wilson

Notary Public, residing at Blackfoot Idaho

My commission expires 2-15-72

(Seal)

Signed Alene Christensen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R+E Box 270 Blackfoot Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of Sept 19 72

Robert G. Wilson

Notary Public, residing at Blackfoot

My commission expires 2-15-72

(Seal)

Signed Marlene Warker

(Signature of Any Credible Person)

920 No University, Blackfoot Idaho

(Street Address, City, State)

FORM DH 60-155 CL 9/3/71 lbc pd. rec. #22404

Own child's birth certif. on file in Idaho file No. 60-2921. child's name given as Colleen Dee Christensen. Born March 7, 1960. Father's name given as Spencer J. Christensen and mother's name given as Beulah Alene Johnson. Viewed by V. S.

SEP 22 1971

[illegible]
Family Record gives name as Beulah Alene Johnson born Aug 19, 1922 at Wilford, Idaho. Baptized Sept. 7, 1932. Viewed by V. S.

559-117-022-214

PLACE OF BIRTH

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 106537

County of Fremont

City of St Anthony

Registration District No. 99

No. ..... St.

Primary Registration District No. 2177

Registered No. [redacted] 13

Hospital .....

FULL NAME OF CHILD Henry Nielson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	8 — 17 — 1922

FATHER

FULL NAME Fred L. Nielson

RESIDENCE Clementsville, Ida

COLOR W

AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Washington.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ora Baum

RESIDENCE Clementsville Ida

COLOR White

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Provo, U.

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) J E Melton MD
(Physician or midwife)

Address St Anthony

Filed Nov 25 1922

J H M Hansen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1922-309672

Z NIELSON

296215·022-251

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 106538

No. 16 St.

Primary Registration District No. 2177 Registered No. 14

Hospital

FULL NAME OF CHILD Maggie Broadhurst

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Aug 15 1922

	FATHER	MOTHER
FULL NAME	Stephe Broadhurst	FULL MAIDEN NAME Martha Beam
RESIDENCE	Stanthony	St Anthony 27
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	Stanthony Ida	BIRTHPLACE Stanthony
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

(Signature) J E Wilson MD

(Physician or midwife)

Address St Anthony

Filed Nov 25 1922 W M Hansen

Registrar

DUP OF 1922 D82-176

NAME CHANGE

519-112-022-993

Amended 5/8/73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 106539
Local Reg. No.
Reg. Dist. No. 99

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parker

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Parker

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parker

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Gerald b. (Middle): Emerson c. (Last): Earl

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
M	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	8 12 22

FATHER OF CHILD

7. FULL NAME

a. (First): J. b. (Middle): L. c. (Last): Earl

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
37 YEARS	Farmington, N.	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Estella b. (Middle): c. (Last): Rice

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
34 YEARS	Parker, Idaho	5		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. E. Melton, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov. 25, 1922

22. REGISTRAR'S SIGNATURE: W. W. Hansen

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 7PM

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 3 11 32 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Box Elder } ss.

Certificate No. 106539

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Reginald Earl (Name on Original Certificate) who was born (Was Born or Died) on 8-12-22 (Date of Event)
in Parker, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on October 1st, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Reginald Earl	~~Emerson Earl~~ Gerald Emerson Earl

Subscribed and sworn to before me this 23 day of March, 1973

Notary Public, residing at Tremonton, Utah
My commission expires October 17, 1976
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[signature], Utah (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Box Elder } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of March, 1973

Notary Public, residing at Tremonton, Utah
My commission expires October 17, 1976
(Seal)

Signed [signature] (Signature of Any Credible Person)

662 W. 2nd S. Tremonton, Utah (Street Address, City, State)

FORM DH 60-155 CL 2/23/73 nm

Certificate of Blessing from LDS Church gives name as Gerald Emerson Earl son of Jedediah Earl and Estella S. Rice. Born Aug. 2, 1922. Was Blessed Oct. 1, 1922 Viewed by V. S.

Honorable Discharge from Army of U.S.A. gives name as Gerald E. Earl. Born Aug. 12, 1922. Date of separation Dec. 6, 1945. Viewed by V. S.

796 206 022 764

PLACE OF BIRTH

AMENDED - SEPTEMBER 8, 1948

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

No. ____ St.

Registration District No. 99 File No. 106540

Hospital ____ Primary Registration District No. 2777 Registered No. 16

FULL NAME OF CHILD Norlynn H. Proctor
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	August 6 1922

What bacteriolidal solution was used in eyes? ____

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: L. H. Proctor	FULL MAIDEN NAME: Nora Godfrey
RESIDENCE: St. Anthony, Idaho	RESIDENCE: St. Anthony, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Salt Lake City, Utah	BIRTHPLACE: Star Valley
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Mellon, M. D.
(Physician or midwife)

Address ____

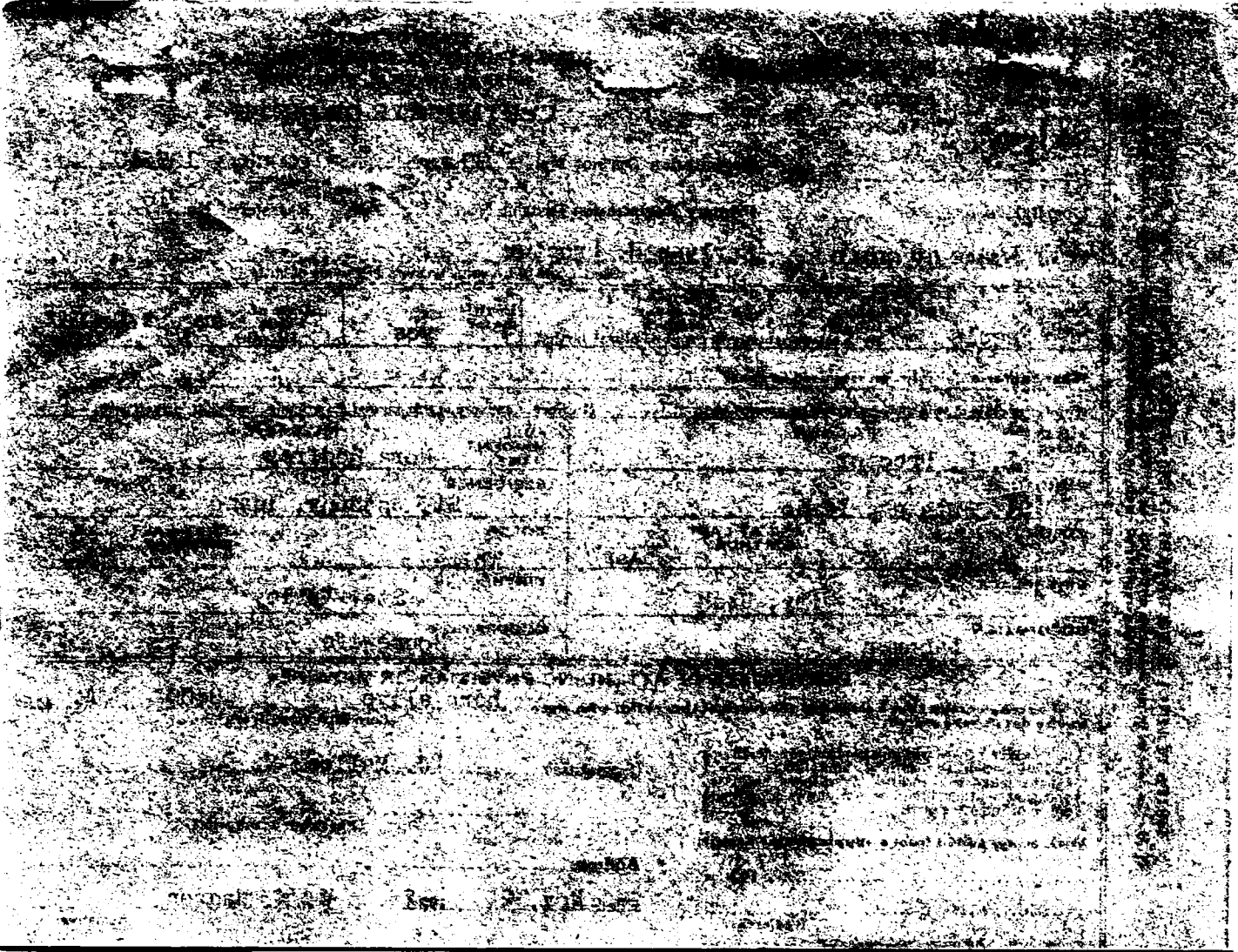
Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Nov. 25 1922 W. M. Hansen Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Clackamas }

Certificate No. 106540

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of August 6th, 1922 (Birth or Death)
for Lewis Proctor (Name on Original Certificate) who was born (Was Born or Died) on August 6th, 1922 (Date of Event)
in St. Anthony Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Proctor, Lewis	Norlynn H. Proctor

Subscribed and sworn to before me this 30th day of August, 19 48

Notary Public, residing at [illegible] County Clerk,
My commission expires [illegible] Clackamas County, State
(Seal) of Oregon

Signed Norlynn H. Proctor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1 West Linn, Oreg. Box 242
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of [illegible] } ss.
County of Sacramento }
Father of applicant

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of Sept, 19 48

Notary Public, residing at Sacramento,
My commission expires July 27, 1949.
(Seal)

Signed L H Proctor
(Signature of Any Credible Person)

Rt. 9 Box 4208 Sacramento Cal.
(Street Address, City, State)

SEP 9 1948

553-128-022-255 amend 3-30-83

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106541

County of Fremont (Teton)

City of Ham Boro

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No. 17

Hospital

FULL NAME OF CHILD Max Clyde Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept 29 1922

FATHER		MOTHER	
FULL NAME	Albert J Nelson	FULL MAIDEN NAME	Devene Benson
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Lehi U.	BIRTHPLACE	Newton U.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was J E Mellon (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J E Mellon M D

(Physician or Midwife)

Address St Anthony

Filed Nov 25 1922 W M Hansen

Registrar

3-18-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED MAR 24 1983 Bureau of Vital Statistics

State of Idaho
County of Fremont } ss.

Certificate No. 106541
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Jacob Nelson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 26, 1922 (Date of Event)
in Teton (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
		MAX CLYDE Nelson
childs name	Jacob Nelson	~~Max Clyde Nelson~~
childs birth date	Sept 26, 1922	Sept 29, 1922

Subscribed and sworn to before me this 21st day of March 1983.
Notary Public, Barbara A Nelson
Residing at Newdale
My commission expires 8/14/86
(Seal)

Max Clyde Nelson
Signature of Applicant
124 West 1st North Teton, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Idaho
County of Fremont } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of March 1983.
Notary Public, Barbara A Nelson
Residing at Newdale
My commission expires 8/14/86
(Seal)

Artella Schwendiman
Supporting Signature
205 Park St. Newdale Idaho
Street Address, City, State

lcc credit

Record of Blessing from LDS Church gives Max Clyde Nelson born Sept 29, 1922 in Teton, to Albert J Nelson and Lucy Devine Benson and was blessed Dec 3, 1922 Viewed by V.S.

MAR 30 1983

Record of Baptism from LDS Church gives Max Clyde Nelson born 9-29-22 in Teton to Albert J Nelson and Lucy Devine Benson and was baptised 10-24-31. Viewed by V.S.

892-213-022-168

Amended 11-08-06 ns

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C--25m-7-21-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106542

County of Fremont

City of Parker

Registration District No. 99

File No.

No. St.

Primary Registration District No. 2177

Registered No. 18

Hospital

RECEIVED DEC 1 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Doris Beth Hibbert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	September 14, 1922

FATHER		MOTHER	
FULL NAME	Thom. N. Hibbert	FULL MAIDEN NAME	Leland Johnson
RESIDENCE	Thomas Nield Parker	RESIDENCE	Leolin Faye Parker Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Bear Lake Co. Ida.	BIRTHPLACE	Madison, S.D.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Stanthony

Filed Nov 25 1922

W. M. Hansen

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
VITAL STATISTICS
2006 NOV -6 PM 2:31

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____

Certificate No. 22-106542

Date Filed December 1, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Doris Beth Hibbert (Name on Original Certificate) who was born (Was Born, Died, etc.) on September 13, 1922 (Date of Event)

in Parker (Fremont Co.) (Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's date of birth	September 13, 1922	September 14, 1922
Mother's given name	Leland	Leolin Faye
Father's given name	Thom. N	Thomas Nield

Subscribed and sworn to before me this 2nd day of November, 2006

Notary Public Jennifer Handy

Residing at Rexburg, ID.

My commission expires 9-18-09
(Seal)

JENNIFER JILL HANDY
Notary Public
State of Idaho

X Doris H. Hoot
Signature of Applicant

254 E. 1st S. Rexburg, ID
Street Address, City, State and Zip

$3440

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐) _____

(Is not necessary ☒) _____

State of _____ } SS
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

10-26-06

MT PUBLIC EMPLOYEES RETIREMENT STATEMENT FOR DORIS GROOT DATED 01-01-87 SHOWING DOB AS 09-14-22 VIEWED BY VS

MED RECORD FOR DORIS GROOT DATED 08-05-01 SHOWING DOB AS 08-14-22 VIEWED BY VS

ID DC 52-223 FOR THOMAS NIELD HIBBERT WHO DIED 01-09-52 IN ST ANTHONY (FREMONT CO) VIEWED BY VS

ID BC 28-377-0313 FOR EDYTHE PEARL HIBBERT BORN 12-24-28 IN PARKER (FREMONT CO) SHOWING PARENTS AS LEOLIN FAYE JOHNSON AND THOMAS NIELD HIBBERT VIEWED BY VS

ID DC 93-5114 FOR JEWELL MARY HIBBERT GILLESPIE WHO DIED 08-20-93 IN REXBURG (MADISON CO) SHOWING MOTHER'S NAME AS LEOLIN FAYE JOHNSON VIEWED BY VS

212-209-022-415

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. 106543

Primary Registration District No. 2177 Registered No. 19

FULL NAME OF CHILD Mary E Baker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female	1		4	yes	9	9	1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William S Baker	FULL MAIDEN NAME	Laura L. Daniels
RESIDENCE	wya	RESIDENCE	wya
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	wya	BIRTHPLACE	Ida
OCCUPATION	Ranchman	OCCUPATION	mother

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 36 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. R. Gray

Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar.

Filed Nov 25 1922 W. M. Hansen
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 22-338306

249-110-023

PLACE OF BIRTH [redacted]

RECEIVED DEPARTMENT OF PUBLIC WELFARE
DEC 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106550

County of Ada

City of Emmett

No. ..... St.

Registration District No. 6

File No. .....

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD James Arthur Burton

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	and		yes	11 10 1922

What bacteriocidal solution was used in eyes? 1% Argnos

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Harry N. Burton	Leona Campbell
RESIDENCE	Fresno Calif	Fresno Calif
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	20
BIRTHPLACE	New York N.Y.	Emmett Ida
OCCUPATION	Butcher	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

(Physician or midwife)

Address Emmett Ida

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 12/4 1922 J. A. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 27 1941

AUG 27 1971

437-213-023-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Registration District No. 9

File No. 106551

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Mary Louise McProud
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	11 13 1922

What bactericidal solution was used in eyes? 1% Agno3

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Willard Kyrle McProud	FULL MAIDEN NAME	Marjorie Batey
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	South Haven Kans	BIRTHPLACE	Dugger Indiana
OCCUPATION	~~Housewife~~ Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 24 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings
(Physician or midwife)

Address Emmett

Filed 12/7 1922 J L Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

[redacted] 8-15-41,

731-208-038-691

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC 6 1922 BUR

County of Payett

City of New Plymouth

No. ..... St.

Registration District No. 6

File No. 106552

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Fern Elizabeth Platz
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Nov 8 1922

What bactericidal solution was used in eyes? 1% Ag no 3

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John J Platz	FULL MAIDEN NAME	Nora Franklin
RESIDENCE	New Plymouth Ida	RESIDENCE	New Plymouth
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Pender Nebr	BIRTHPLACE	Sillon Mont
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 09 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K N Cummings

(Physician or midwife)

Address Emmett

Filed 12/7 1922 J. L. Reynolds Registrar.

Give names added from a supplemental report.

....., 192....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1942

[redacted] BIRTH 129-115'023-129

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St. Registration District No. 6 File No. 106553

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Jewel Akin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		no	11 15 1922

What bactericidal solution was used in eyes? 1% Ag no 3

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Parr	FULL MAIDEN NAME	Margarette Akin
RESIDENCE	Baker Ore	RESIDENCE	Emmett Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE		BIRTHPLACE	Boise Ida
OCCUPATION	Laborer	OCCUPATION	General work

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 40 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings
(Physician or midwife)

Address Emmett

Filed 12/4 1922 J L Reynolds Registrar.

Give names added from a supplemental report.

....., 192....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

CERTIFICATE OF BIRTH

106554

County of Gem

City of Emmett

No. ..... St. ..... Registration District No. ..... File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Earnest Francis Hayes
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	11 17 1922

What bactericidal solution was used in eyes? Silver nit 1% sol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ralph Oliver Hayes	FULL MAIDEN NAME	Ora Frances Hollister
RESIDENCE	Emmett	RESIDENCE	Emmett Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Idaho
OCCUPATION	Cigar Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3-50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 11-27-1922 J. L. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

DEC 10 19

699-IN-023-395

PLACE OF BIRTH

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St. Registration District No. 6 File No. 106555

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Glen Mac Wright
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
HH		Yes	11/11 1922

What bactericidal solution was used in eyes? 99 M3. 1% Sol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Cary Columbus Wright	FULL MAIDEN NAME	Ida Mae Livingston
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Restaurant Proprietor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12-20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Emmett

Filed 11/11 1922 J L Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

69-106-223-319

PLACE OF BIRTH

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106556

County of Gem

City of Emmett

No. ..... St.

Registration District No. 6

File No. 106556

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Henry Arthur Franklin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Nov 6th 1922

What bactericidal solution was used in eyes? Ag Nos 1% Sol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	[redacted] Lowell Franklin	FULL MAIDEN NAME Ora Myrtle Carr
RESIDENCE	Emmett	Emmett
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	20 (Years)
BIRTHPLACE	Mo	Colorado
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett

Filed 11/9 1922 J. L. Reynolds Registrar.

Give names added from a supplemental report.

....., 192....

..... Registrar.

...use a SEPARATE RETURN must be made for each ...ive number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colorado }
County of Mesa } ss.

Certificate No. 106556

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Henry Arthur Franklin (Birth or ~~Death~~)
for birth certificate (Name on Original Certificate) who (Was Born or ~~Died~~) on Nov. 6 1922 (Date of Event)
in Emmett Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal certificate (Bible Record, Insurance Policy, Etc.) prepared on Sept 24 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		Henry Arthur Franklin
Date	Nov. 2nd	Nov. 6, 1922

Subscribed and sworn to before me this 20
day of July, 1943.

Alice L De Camp
Notary Public, residing at Maleta Colo.
My commission expires June 12, 1947
(Seal)

Signed Mary M Franklin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 27 1943

319-119-023-295

PLACE OF BIRTH

RECEIVED
DEC 6 1922
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. ..... St. ..... Registration District No. 6 File No. 106557

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lloyd Bernard Carlson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male				Yes	11	19	1922

What bacteriolidal solution was used in eyes? 1% Nit. Silv. Sol.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	John Bernard Carlsen	Anna Marie Bremmer
RESIDENCE	Emmett Ida	Emmett
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	24
BIRTHPLACE	Norway	Neb.
OCCUPATION	Lumber Grader	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett

Filed 11/20 1922 J. L. Reynolds
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

9-27-41

418-102-023-442 Look and see

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 6 192 BUREAU OF VITAL STATISTICS

County of Gem

City of Emmett

No. ..... St. Registration District No. ..... File No. 106558

Hospital ..... Primary Registration District No. ..... Registered No. .....

CERTIFICATE OF BIRTH

104769

FULL NAME OF CHILD Donald Lloyd Mayer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Oct 2 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

FATHER		MOTHER	
FULL NAME	Jess Logan Mayer	FULL MAIDEN NAME	Huldena Dubberke
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Neb	BIRTHPLACE	Wisc
OCCUPATION	Common labor	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address .....

Filed 12/1 1922 J L Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 19 1943

Z MOYER

DUP OF 1922-104769

not

995-221-227-449

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106569

RECEIVED DEC 6 1922 BUREAU OF VITAL STATISTICS

County of Gem

City of Emmett

No. ..... Registration District No. 4 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Agnes Gloria Pinard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
F				yes	10	21	1922

What bactericidal solution was used in eyes? Ag NO3 1% Sol

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Anton Pinard	FULL MAIDEN NAME	Nettie Durocha
RESIDENCE	Emmett	RESIDENCE	Same
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Canada	BIRTHPLACE	Minn
OCCUPATION	Saw Mill work	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 10/23 1922 J. L. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1941

955-212-027 -252 Amended 6/14/78

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ____ St.

Registration District No. 4

File No. 106560

Hospital ____

Primary Registration District No. ____

Registered No. ____

FULL NAME OF CHILD Marjorie Elese Reese
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	11 - 12 - 1922

What bacteriocidal solution was used in eyes? Yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Thos E Reese.	FULL MAIDEN NAME	Emma Sessions
RESIDENCE	Soda Springs Ida	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	—	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O Clark MD
Emmett Ida
(Physician or midwife)

Address ____

Give names added from a supplemental report.

...., 19....

Registrar.

Filed 12/6 1922 J. H. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

dwPCC 1922-151729

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City _____ File No. 106560

(St. _____ Date of Birth _____

(County _____ Sex of Child Female

Father _____ Mother _____

I HEREBY CERTIFY that the child herein has been named:

_____

_____

Signature of Father or Mother.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 15 1 59 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 106560

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Reese (female) (Name on Original Certificate) who was born (Was Born or Died) on Nvo 12, 1922 (Date of Event) in Emmett, Idaho (Gem) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by * SEE REVERSE (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Marjorie Elese Reese

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of ALAMEDA

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of MAY, 1978

Signed Owen R. Thomas
(Signature of Any Credible Person)

Dorothy M. Wiemken
Notary Public, residing at ALAMEDA COUNTY

My commission expires FEB. 17, 1980
(Seal)

OFFICIAL SEAL
DOROTHY M. WIEMKEN
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
My comm. expires FEB 17, 1980

BONITA AV
PLEASANTON CA. 94566
(Street Address, City, State)

FORM DH 60-155

CL 5/3/78

P. O. Box 208, Pleasanton, CA 94566

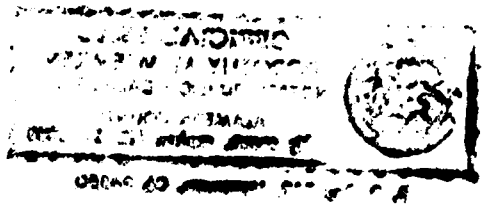
copy 7

JUN 15 1978

Certificate of Blessing . Dated 12/31/22
Certificate of Baptism & Confirmation 12-28-30
Marriage License 12-8-42
Insurance application 10-2-46

Certif of Blessing from the LDS Church gives name s Marjorie Elese Reese daughter of Thomas E. Reese and Emma Sessions. Born Nov. 12, 1922 at Emmett, Idaho. Blessed Dec 31, 1922. viewed by V. S.

Certif of Baptism and Confirmation from the LDS Church gives name as Marjorie Elese Reese daughter of Thomas E. Reese and Emma Sessions born Nov 12, 1922 at Emmett, Idaho. Baptized Dec 28, 1930. viewed by V. A.



369-211-023-284

PLACE OF BIRTH

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Registration District No. 4

File No. 106561

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	yes	11 11 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER		MOTHER
FULL NAME	Marvin F Cornett	FULL MAIDEN NAME	Anna Shultz
RESIDENCE	Emmett	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo.	BIRTHPLACE	Wash
OCCUPATION	Filer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O Clark M.D.
(Physician or midwife)

Address Emmett Ida.

Filed 12/2 1922 J L Reynolds
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

254-230-023-231

PLACE OF BIRTH

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Registration District No. 6

File No. 106562

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Arleene Beutler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	11-30-1922

What bactericidal solution was used in eyes? Ag No3. 1% Sol

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Geo. Edward Beutler	FULL MAIDEN NAME	Anna Eliza Stanley
RESIDENCE	Emmett Ida	RESIDENCE	Same
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	81	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address .....

Filed 12/1 1922 J L Reynolds
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962 - 111 - 23962

PLACE OF BIRTH

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Letha

No. ..... St.

Registration District No. 6

File No. 106563

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Charles Rex Rose

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			No	11 / 11 / 1922

What bactericidal solution was used in eyes? A.G. No. 3 1% Sol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Garnett Harwell	FULL MAIDEN NAME	Ardra Rose
RESIDENCE	Do not Know	RESIDENCE	Letha
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Common Labor	OCCUPATION	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett

Filed 11/11 1922 J. L. Reynolds

Registrar.

Give names added from a supplemental report.

....., 192....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-22-023-255

PLACE OF BIRTH

RECEIVED
DEC 6 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Ada — BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106564

City of Emmett — No. ____ St. — Registration District No. 6 — File No. ____

Hospital ____ — Primary Registration District No. ____ — Registered No. ____

FULL NAME OF CHILD Urshal Ernie Ball

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	11 / 21 / 1922

What bactericidal solution was used in eyes? Ag No3 1% sol

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME Maurice E Ball	FULL MAIDEN NAME Agnes A Bennett
RESIDENCE Emmett Idaho	RESIDENCE Same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Oregon
OCCUPATION Farmer	OCCUPATION Natural wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 22 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Reynolds

(Physician or midwife)

Address Emmett Ida

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 11/22 1922 J C Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1943

793-107-023-177

PLACE OF BIRTH

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

Registration District No. 6

Primary Registration District No. _____

File No. 106565

Registered No. _____

Full Name of Child David Melvin Pitman

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes	Nov 7 - 22 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	William Robert Pitman	FULL MAIDEN NAME	Elta May Applegate
RESIDENCE	near Emmett	RESIDENCE	near Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1035 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19 ____

Address Emmett Idaho

Registrar

Filed 11/7 1922

J. H. Reynolds
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERM.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made of each, in order of birth stated.

MAY 5 1942

494-121-023-494

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 6 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

106566

County of Gem

City of Lithia

No. ..... St. Registration District No. 6 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Omar Harvey Drury
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 10 (Day) 21 (Year) 1922
male			

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Edward V Drury.	FULL MAIDEN NAME Florence A Drury
RESIDENCE Near Emmett	RESIDENCE Same place
COLOR white AGE AT LAST BIRTHDAY ..... (Years)	COLOR white AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION Farmer	OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N B Barnes D.O.
physician
(Physician or midwife)

Address Emmett Ida

Filed 11/13 1922 J. L. Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 3 1 1944

NOV 25 1953

457-116-023-515

PLACE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Hospital .....

RECEIVED DEC 6 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4

File No. 106567

Primary Registration District No. .....

Registered No. .....

Full Name of Child ~~Unnamed Jimbay~~ David James De Graw

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
male		yes	Nov. 16 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Maroni De Graw	FULL MAIDEN NAME	Mabel Vannatta
RESIDENCE	Emmett Ida.	RESIDENCE	Emmett Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:35 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Boyd M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Emmett Idaho

Filed 11/16 1922 J. K. Reynolds Registrar

...in order of birth stated. ...must be made for each and the number

MAR 27 1959

613-214-053-736

PLACE OF BIRTH

County of Gem

City of Gem

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 106568

Primary Registration District No. 4 Registered No. ____

FULL NAME OF CHILD Ellen Walker

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	yes	11-14-192[illegible]

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME William B. Walker	FULL MAIDEN NAME Etta Flower
RESIDENCE Gem Emmett	RESIDENCE Gem
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Ind	BIRTHPLACE Neb.
OCCUPATION Farmer	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O Clark M.D.

Emmett
(Physician or midwife)

Address Gem

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 12/4 192[illegible] John Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1975

215-221-023-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 6 1922

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Registration District No. 4

File No. 106569

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Carol Lorine Bancroft
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—		—	yes	11-21-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chester H Bancroft	FULL MAIDEN NAME	Eva B Miller
RESIDENCE	Emmett	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton Oflark M.D.
Emmett Ida
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed 12/2 1922 J. L. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 16 1981

252-130-
024-281

PLACE O[redacted]

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106570

County of Gooding

City of " Ida

No. R.F.D. St.

Registration District No. 24 File No.

Hospital

Primary Registration District No. Registered No.

FULL NAME OF CHILD George Andes Best.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy.		yes.	9-30-1922

What bactericidal solution was used in eyes? 10 % argyrol sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Geo. A. Best.	FULL MAIDEN NAME	Anna M. Sharp.
RESIDENCE	Gooding, Ida. R.F.D.	RESIDENCE	Gooding, Ida. R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Farming.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.
(Physician or midwife)

Address Gooding, Ida.

Filed 11-11-1922 F. Carymd
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth: City Gooding Idaho

~~Str~~ Ranch.

County Gooding

File No. 106570

Date of Birth Sept 30th 1922

Sex of Child Male

Father Geo. A. Best. Mother Mrs. Anna Mae Best.

I HEREBY CERTIFY that the child herein has been named:

George Andes, Junior.

George A. Best.

Signature of Father or Mother.

RECEIVED JAN

FEB 2 5 1942

JAN 22 1952

239 110-024 282

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding Ida

No. R.F.D. St.

Registration District No. 24 File No. 106571

Hospital

Primary Registration District No. Registered No.

FULL NAME OF CHILD Frank James Bliss
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy		yes	Oct 10 1922

What bactericidal solution was used in eyes? 10 % Neo. Silvol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Roy Francis Bliss	FULL MAIDEN NAME	Mabel M Kyser
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.H. Cromwell M.D.
(Physician or midwife)

Address Gooding, Ida

Filed 11-11-1922 F F Carey M.D.
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/14/41. w.h.

815-212 1024-92

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106572

County of Gooding

City of " Ida.

No. R.F.D. St.

Registration District No. 24

File No.

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Edith Hancock.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl		yes.	Oct. 12 1922

What bactericidal solution was used in eyes? 10 o/o Sol. Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Benjamin Hancock.	FULL MAIDEN NAME	Elsie Rush.
RESIDENCE	Gooding, Ida R.F.D.	RESIDENCE	Gooding,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Arkansas.	BIRTHPLACE	Arkansas.
OCCUPATION	Farming.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Gooding, Ida.

Filed 11-11-1922 F Kearny MD
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1944

319-220-024-433

PLACE OF BIRTH

RECEIVED NOV 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 106573

County of Gooding

City of " Registration District No. 24

No. R.F.D. St.

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Frances Martha Carrel
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl		yes.	Oct. 20 1922

What bactericidal solution was used in eyes? 10% sol. argyrol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Harlan O. Carrel	FULL MAIDEN NAME Golda McClain
RESIDENCE Gooding, Ida - R.F.D.	RESIDENCE Gooding, Ida R.F.D.
COLOR white AGE AT LAST BIRTHDAY 25 (Years)	COLOR white AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Kans.
OCCUPATION Farming	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) J. H. Cromwell MD
(Physician or midwife)

Address Gooding, Ida.

Filed 11-11-1922 F. Campbell
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: City Gooding

St. _____

County Gooding

File No. 106573

Date of Birth Oct. 20 1922

Sex of Child Female

Father Harlan O. Carrel Mother Golda Marie Carrel

I HEREBY CERTIFY that the child herein has been named:

Frances Martha Carrel.

Mrs Golda Carrel.

Signature of Father or Mother.

RECEIVED
1922

993-223-024-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU

County of Gooding, Ida.
City of Gooding Ida.
No. R.F.D. St.
Registration District No. 24
File No. 106574
Hospital
Primary Registration District No.
Registered No.

FULL NAME OF CHILD Margaret Violet Rice
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl		yes.	10-23-1922

What bactericidal solution was used in eyes? 10 o/o Sol. Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Wm J. Rice	FULL MAIDEN NAME	Mandy Eliz Wilkins
RESIDENCE	Gooding, Ida. R.F.D.	RESIDENCE	Gooding, R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Iowa.	BIRTHPLACE	Arkansas.
OCCUPATION	Farming	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Gooding, Ida.

Filed 11-11-1922 F F Carey M D
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
City Goodnes
St. Montana
County Goodnes

File No. 106574

Date of Birth Oct 23 1922

Sex of Child Female

Father Will Rice

Mother Figgie Rice

I HEREBY CERTIFY that the child herein has been named:

Margett Knoled Rice

William Rice

Signature of Father or Mother.

RECEIVED DEC 29 1922 BUREAU OF VITAL STATISTICS

S 19-118-025-763

PLACE OF BIRTH

[redacted]

RECEIVED NOV 10 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 163 File No. 106575

Primary Registration District No. 2161 Registered No. 50

FULL NAME OF CHILD Delmer Kenneth Carp

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m			yes	Oct 18 1922

What bactericidal solution was used in eyes? 1% Sol Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Fred Carp	FULL MAIDEN NAME	Ruby Potter
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal (Born alive or stillborn), at 5 25 a, M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician ~~or midwife~~)

Address Grangeville Ida

Filed Nov 1 1922 G S Stockton

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
- City Grangeville
- St. Idaho
- County Idaho

File No. 106575

Date of Birth Oct 8

Sex of Child Male

Father Fred Earp

Mother Ruby Earp

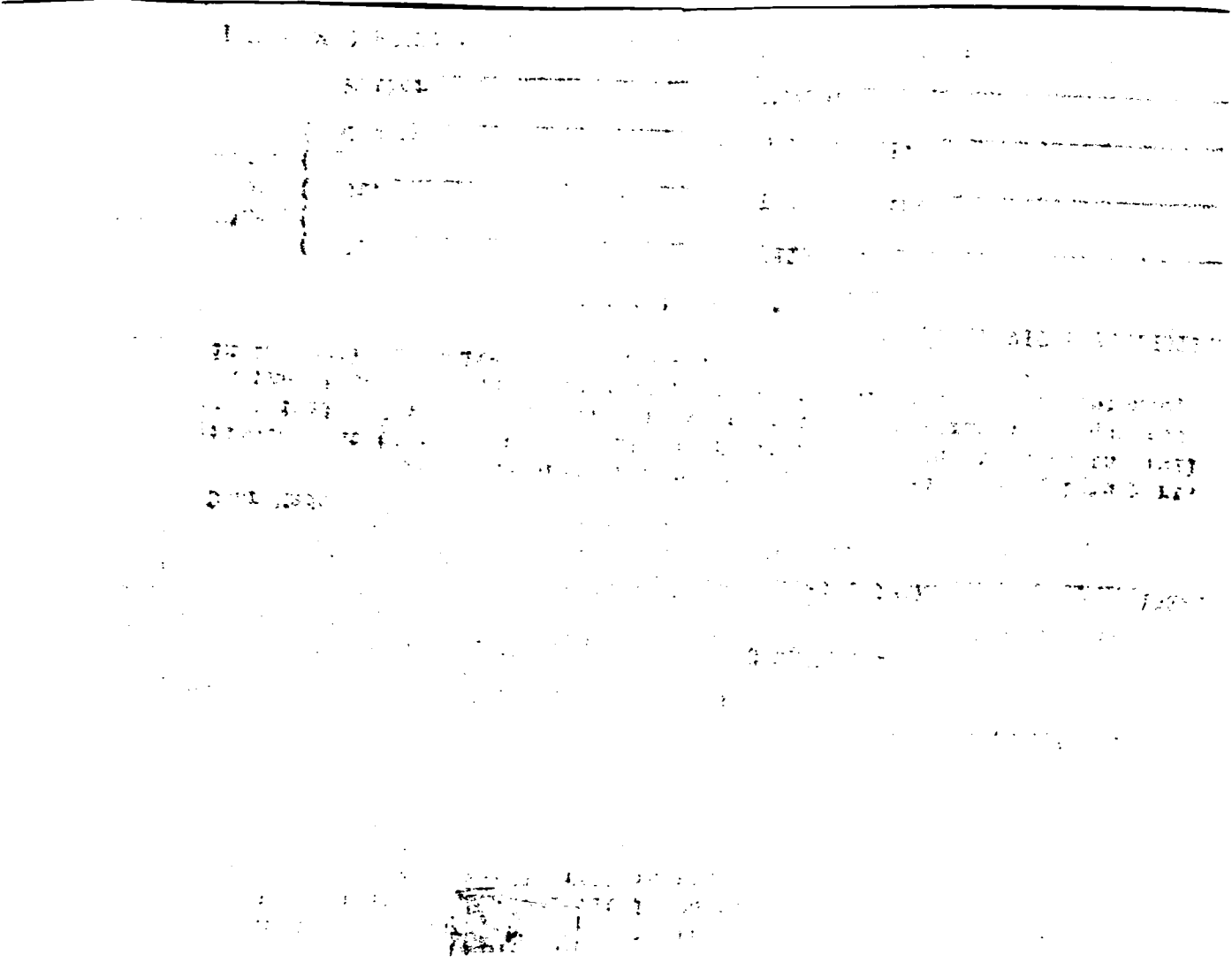
I HEREBY CERTIFY that the child herein has been named:

Zelmer Kenneth Earp

Fred Earp

Signature of Father or Mother.

RECEIVED JAN 2 1923 BUREAU OF VITAL STATISTICS



319-103-025-759

PLACE OF BIRTH

RECEIVED
NOV 10 1922
VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106576

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103 File No. .....

Primary Registration District No. 2181 Registered No. 49

FULL NAME OF CHILD Glen Herbert Carpenter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Oct 3 1922

What bactericidal solution was used in eyes? 1% Sol argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Donald T Carpenter	FULL MAIDEN NAME	Helen M Perkins
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mich	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), **at** 4 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) G S Stockton
(Physician or ~~midwife~~)

Address Grangeville Ida

Filed Nov 1 1922 G S Stockton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1 1972

863-212-025-695

PLACE OF BIRTH

RECEIVED
NOV 18 1922
VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ____ St.

Hospital ____

Registration District No. 103 File No. 106577

Primary Registration District No. 2181 Registered No. 48

FULL NAME OF CHILD Loretta Rosina Stolthaus

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Oct 12 1922

What bactericidal solution was used in eyes? 1% Sol Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Florian C Stolthaus	FULL MAIDEN NAME	Mary R Fiedler
RESIDENCE	Cottonwood Ida	RESIDENCE	Cottonwood Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician ~~or midwife~~)

Address Grangeville Ida

Filed Nov 1 1922 G S Stockton

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Stites

Registration District No. 103

File No. 106578

No. ..... St.

Primary Registration District No. 2181

Registered No. 47

Hospital .....

FULL NAME OF CHILD Ralph Rosco Hughes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Sept 9 1922 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Albert James Hughes	FULL MAIDEN NAME	Pearl Alice Foss
RESIDENCE	Stites, Ida	RESIDENCE	Stites Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Elm Creek Neb.	BIRTHPLACE	Clam Falls Wise
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna T. Foss

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Elk City, Ida

Filed Nov 1 1922 G. S. Stockton

Registrar

Registrar

S-Y CO. 20174

DECEASED

F19-228-025-693

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Registration District No. 103 File No. 106579

Hospital .....

Primary Registration District No. 2181 Registered No. 46

FULL NAME OF CHILD Beulah Marie Hazelbaker

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept 26 1922

What bactericidal solution was used in eyes? 2% Sol. Silver Nitrate

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Thomas Laurence Hazelbaker	FULL MAIDEN NAME	Bertha E Wilson
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Chapman Physician
(Physician or midwife)

Address Grangeville Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Nov 1 1922 G. B. Stockton Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1943

666-106-025-666

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED NOV 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106680

County of Idaho

City of Kamiah

Registration District No. 49

File No.

No. St.

2428

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD T. McQueen, Bryan Wood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	11 (Month) 6 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	A. Carroll McQueen	FULL MAIDEN NAME	Esther Wood
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Ind.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Bryan M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Kamiah

Filed 11/9 1922

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho, 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Kamiah

(St. Idaho

(County Idaho Co.

File No. 106580

Date of Birth Nov. 6, 1922

Sex of Child Male

Father White Mother White

I HEREBY CERTIFY that the child herein has been named:

Bryan Wood McQueen

Mrs Carroll E. McQueen

Signature of Father or Mother.

MAY

125-121-025-869

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Idaho

RECEIVED 1922

CERTIFICATE OF BIRTH

City of Kamiah, Rant

Registration District No. 49 File No. 106581

No. ..... St.

Primary Registration District No. 2428 Registered No. .....

Hospital .....

FULL NAME OF CHILD Philip Bryan Abell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	10/21 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ben Harrison Abell	FULL MAIDEN NAME	Eva Yarr
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Indian Territory
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Abell (Born alive or stillborn), at 4:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Bryan M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kamiah Idaho

Filed 11/9 1922 J. Johnson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

814-201-031-253

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

Registration District No. 49 / 2428

File No. 106582

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Sophia Belle Hancroft

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
4		yes	11 (Month) 1st (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Mark Hancroft	FULL MAIDEN NAME	Sarah Beck
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	mash.	BIRTHPLACE	Idaho
OCCUPATION	Beveksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A H Bryan M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kamiah Id

Filed 11/9 1922

C J Johnson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

394-111-025-913

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL

[redacted]ATE OF IDAHO
OF VITAL STATISTICS

Form V. S. No. 11-G—25m-9-8-17

CERTIFICATE OF BIRTH

106583

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Registration District No. 106

File No. .....

Primary Registration District No. 2184

Registered No. 36

FULL NAME OF CHILD Warren Richard Tune

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Oscar Leon Tune	FULL MAIDEN NAME	Effie Rashbone
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Westcott M D

(Physician or midwife)

Given names added from a supplemental report.

Address Stites Ida

..... 19 .....

Filed Nov 1 1922 J M Verbeckmoes

Registrar

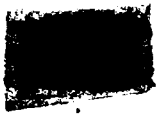
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



JUN 2 9 1942

235-241025-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 1 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Registration District No. 106 File No. 106584

Primary Registration District No. 2184 Registered No. 37

FULL NAME OF CHILD Lord Jean Blewett
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Oct 14 1922

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth Two Number of child of this mother now living, including present birth One

FATHER		MOTHER	
FULL NAME	Gilbert Blewett	FULL MAIDEN NAME	Elizabeth Wales
RESIDENCE	Stites Idaho	RESIDENCE	Stites Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Nebraska	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8.40 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verberkmoes
Physician
(Physician or midwife)

Address Kooskia - Idaho.

Filed Nov 1 1922 J M Verberkmoes
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 11 1959

V32-226-025296

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

922
VITAL
ICS

County of Idaho

City of Clearwater

Registration District No. ..... File No. 106585

No. ..... St.

Primary Registration District No. 2184 Registered No. 38

Hospital .....

FULL NAME OF CHILD Marjorie Evalin McKenzie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct. 26 1922

FATHER		MOTHER	
FULL NAME	Stanley Clarence McKenzie	FULL MAIDEN NAME	Flora Luella Brohnov
RESIDENCE	Clearwater	RESIDENCE	Clearwater
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Forester	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Stites Idaho

Filed Nov 1 1922 J. M. Verbeekmoes
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1942

PLACE OF BIRTH
995-227-1024-168

County of Idaho

City of Clearwater

No. ..... St.

Hospital .....

RECEIVED NOV 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106586

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 39

FULL NAME OF CHILD Majorie Mabel Riebold
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 27 1922

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 5th Number of child of this mother now living, including present birth 5th

FATHER		MOTHER	
FULL NAME	Orin L. Riebold	FULL MAIDEN NAME	Mabel A. Johnson
RESIDENCE	Clearwater	RESIDENCE	Clearwater
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth M.D.
(Physician or midwife)

Address Stites Idaho

Filed Nov 1 1922 J. M. Verbeckmoes
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

854-131: 225-266

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 1 0 1922
BUREAU OF VITAL STATISTICS
STATE OFFICE

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ____ St.

Hospital ____

Registration District No. 106 File No. 106587

Primary Registration District No. 2184 Registered No. 40

FULL NAME OF CHILD Reuben Alvin Humphill
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct 31 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth One Number of child of this mother now living, including present birth One

FATHER		MOTHER	
FULL NAME	Ralph Humphill	FULL MAIDEN NAME	Ella Bowles
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck M.D.

Physician

(Physician or midwife)

Address Kooskia - Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov 1 1922 J. M. Verbeck
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

289-231-025-863

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 1 19
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ida

City of Canfield P.O. Registration District No. 2182 File No. 106592

No. ..... St.

Primary Registration District No. 104 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ada Bernice Shinn

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth July (Month) 31 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Horace Shinn	FULL MAIDEN NAME	Pearl E. Hockett
RESIDENCE	Canfield P.O.	RESIDENCE	Canfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:a.m. on the date above stated.

(Signature) Mrs. H. A. Shinn

(Physician or midwife)

Address Canfield Ida.

Filed Dec 1 1922 W. A. Foskett Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 2 1942

369-103-025-544

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of 2da

City of Pollock P.O.

No. ..... St.

Hospital .....

RECE[illegible]
DEC 1 [illegible]
BUREAU [illegible]
STATI[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2182 File No. 106593

Primary Registration District No. 104 Registered No. .....

FULL NAME OF CHILD Gerald Dean Twillegar

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	June (Month) 3 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Harry Twillegar	FULL MAIDEN NAME	Edna Edmenson
RESIDENCE	Pollock	RESIDENCE	Pollock
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at — M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Twillegar Sr.

(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19....

Address Pollock - 2da

Filed Dec. 1 1922 W. A. Foskett
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-127-025-863

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECE[illegible] DEC [illegible] BUREAU [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ida

City of White Bird

Registration District No. 2182 File No. 106594

No. ..... St.

Primary Registration District No. 104 Registered No. .....

Hospital .....

FULL NAME OF CHILD William Harlan Cone

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June 27 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Henry Cone	FULL MAIDEN NAME	Levancia Mae Holcombe
RESIDENCE	White Bird	RESIDENCE	White Bird
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Grangeville Ida	BIRTHPLACE	Royalton Wisconsin
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10-a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address White Bird - Ida

Filed Dec. 1 1922 W. A. Foskett Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

c.c. 6/17/41. w.h.

SEP 4 1975

391.125 & 025-955

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ida

City of White Bird

Registration District No. 2182 File No. 106595

No. ..... St.

Primary Registration District No. 104 Registered No. .....

Hospital .....

FULL NAME OF CHILD Albert Mark Crawford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 25 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Lyle Crawford	FULL MAIDEN NAME	Hattie Lulla Reed
RESIDENCE	White Bird	RESIDENCE	White Bird
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Roseburg Oregon	BIRTHPLACE	Washington
OCCUPATION	Sheep Herder	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10-16 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address White Bird - Ida

Filed Dec. 1 1922 W. A. Foskett

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 '34

597-122-025-416

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ida

City of White Bird

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC 1 [illegible] BUREAU OF VITAL STATISTICS

Registration District No. 2182 File No. 106596

Primary Registration District No. 204 Registered No. .....

FULL NAME OF CHILD No Name

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 27 1922

FATHER		MOTHER	
FULL NAME	Hugh Alvin Vigneron	FULL MAIDEN NAME	Gertrude G. Dawson
RESIDENCE	White Bird	RESIDENCE	White Bird
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Joseph Oregon	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 - P — M. on the date above stated.

(Signature) W. A. Foskett

(Physician or midwife)

Address White Bird - Ida

Filed ..... 1922 W. A. Foskett Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

597-127-025-416

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC 1 19[illegible] STATISTICS

County of Idaho

City of White Bird

Registration District No. 2182 File No. 106597

No. ..... St.

Primary Registration District No. 104 Registered No. .....

Hospital .....

FULL NAME OF CHILD No Name

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 27 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hugh Alvin Vigneron	Gertrude G. Dawson
RESIDENCE	White Bird	White Bird
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	29
BIRTHPLACE	Joseph Oregon	Iowa
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

(Signature) W. A. Foskett

(Physician ~~or midwife~~)

Address White Bird

Filed ..... 1922 W. A. Foskett Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

663-230-025-693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

RECEIVED
DEC 1

City of White Bird

Registration District No. 2182 File No. 106598

No. ..... St.

Primary Registration District No. 104 Registered No. .....

Hospital .....

FULL NAME OF CHILD Doris Marie Wolcott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female	—	II	Yes	Apr	30	1922

FATHER		MOTHER	
FULL NAME	Donald Wolcott	FULL MAIDEN NAME	Alice P Wilson
RESIDENCE	Oregon	RESIDENCE	Oregon
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Michegan	BIRTHPLACE	Oregon
OCCUPATION	Stock Ranching	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 Oclock on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

(Signature) W. A. Foskett

(Physician or ~~Midwife~~)

Address White Bird

Filed Nov 19 22 W. A. Foskett
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 5 1968

279-111-025-951

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ida RECEIVED

City of Canfield P.O. DEC 1 [illegible]

BU[illegible] Registration District No. 2182 File No. 106599

No. ..... St. [illegible]

Primary Registration District No. 104 Registered No. .....

Hospital .....

FULL NAME OF CHILD Chas. Clinton Springer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	and		Yes	June 11 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clinton Springer	Minnie Read
RESIDENCE	Canfield - Ida	Canfield - Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	36
BIRTHPLACE	Wash	Wash
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:06 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) W. A. Foskett M.D.
(Physician or midwife)

Address White Bird - Ida

Filed 6 - 1922 W. A. Foskett
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

942-102-025-962

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of White Bird

No. — St.

Hospital

Registration District No. 2182 File No. 106600

Primary Registration District No. 104 Registered No.

FULL NAME OF CHILD Victor Ralphy Russell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 2 1922

FATHER

FULL NAME Ralph J. Russell

RESIDENCE White Bird

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Oregon

OCCUPATION Cattle Man

MOTHER

FULL MAIDEN NAME Alice Robie

RESIDENCE White Bird

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE White Bird

OCCUPATION Housewife

Number of child of this mother, including present birth — Number of children of this mother now living, including present birth —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett M.D.
(Physician or midwife)

Address White Bird - Ada

Given names added from a supplemental report.

19

Registrar

Filed Dec. 1 1922 W. A. Foskett
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 106600

State of Idaho }ss.
County of Idaho }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ralph Russell (Name on Original Certificate) who born (Was Born or Died) on Nov 2, 1922 (Date of Event)
in White Bird, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal certificate (Bible Record, Insurance Policy, Etc.) prepared on Nov 21, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ralph	Ralph Victor Russell

Subscribed and sworn to before me this 10th
day of June, 1942

Signed Ralph Russell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at White Bird Idaho

My commission expires May 8-1945
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.
County of Idaho }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of June, 1942

Signed [redacted]
(Signature of Any Competent Person Other Than Previous Year)

Notary Public, residing at White Bird Idaho

My commission expires May 8-1945
(Seal)

White Bird, Idaho
(Street Address, City, State)

JUN 17 19

614-226-025-253

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED DEC 1 BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ida

City of White Bird

No. ..... St.

Hospital .....

Registration District No. 2182 File No. 106601

Primary Registration District No. 104 Registered No. .....

FULL NAME OF CHILD None -

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 26 1922

FATHER		MOTHER	
FULL NAME	Virgil Faulconer	FULL MAIDEN NAME	Mary Bell
RESIDENCE	Oregon	RESIDENCE	Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Mont.
OCCUPATION	Cattleman	OCCUPATION	Housewife -

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 1/ Mo - Child (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) W. A. Foskett M.D.
(Physician or midwife)

Address White Bird

Filed ..... 1922 W. A. Foskett
Registrar

364-325-025-763

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Idaho

City of Pollock

No. — St.

Hospital Home

RECEIVED DEC 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2182 File No. 106602

Primary Registration District No. 104 Registered No.

FULL NAME OF CHILD Lena Nadine Combs

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Mar 25 1922

FATHER		MOTHER	
FULL NAME	Donald R. Combs	FULL MAIDEN NAME	Lena Pearl Gotzinger
RESIDENCE	Pollock	RESIDENCE	Pollock
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Cambridge Ida	BIRTHPLACE	Pollock - Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Otto Gotzinger
Midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pollock - Idaho

Filed Dec 1922 W. A. Foskett
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 10 1944

4339-125-225-7/19 First name of child amended 10/14/83 lh

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Canfield

No. ..... St.

Hospital .....

Registration District No. 2182 File No. 106603

Primary Registration District No. 104 Registered No. .....

FULL NAME OF CHILD Emmett ~~Everett~~ McCulley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 25 1922

FATHER		MOTHER	
FULL NAME	Homer F. McCulley	FULL MAIDEN NAME	Helen Marshall
RESIDENCE	Canfield Ida	RESIDENCE	Canfield - Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. A. Foskett M.D.

(Physician or midwife)

Address White Bird - Ida

Filed ..... 1922 W. A. Foskett Registrar

K

JUN 2 9 1942

DECEASED

10/14/83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

STATE BUREAU OF VITAL STATISTICS
OCT 14 2 51 PM '83

State of Idaho
County of Ada } ss.

Certificate No. 106603
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Emmit McCulley (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 25, 1922 (Date of Event)

in Canfield, Idaho Co., Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
First name of child	Emmit	Emmett

Subscribed and sworn to before me this 14th day of October, 1983.

Notary Public, Linda Hickman

Residing at Boise

My commission expires April 3, 1985

(Seal)

Emmett McCulley
Signature of Applicant

331 N. E 2nd Grangeville Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

OCT 14 1983

Honorable Discharge papers from the Army of the United States gives name as Emmett W McCulley born Jan. 25, 1922 at Canfield, Idaho. Date of separation Dec. 15, 1946
Viewed by V.S.

Birth certificate of son Kevin Emmett McCulley born June 14, 1952 at Grangeville, Idaho S.F.#52-7360 gives name of father as Emmett Whisner McCulley age 30 born at Canfield, Idaho.
Viewed by V.S.

699-222-025-853 TC

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

DEC BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Idaho

CERTIFICATE OF BIRTH

City of Joseph Plains P.O. Registration District No. 2182 File No. 106604

No. ..... St.

Primary Registration District No. 104 Registered No. .....

Hospital .....

FULL NAME OF CHILD Doris Aleen Wright

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar. 22 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Coral Herbert Wright	FULL MAIDEN NAME	Zelma May Heller
RESIDENCE	Joseph Ida	RESIDENCE	Joseph Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	Red Oak Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ada M. Wright

(~~Physician~~ or midwife)

Given names added from a supplemental report.

..... 19....

Address Joseph Ida

Filed Dec 1922 W. A. Foskett Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-122-025-4/55

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED DEC 1

CERTIFICATE OF BIRTH

County of Idaho

City of White Bird

Registration District No. 2182 File No. 106605

No. ..... St.

Primary Registration District No. 104 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lloyd Brenton Hollbrook

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth June (Month) 22 (Day) 1922 (Year)

FATHER

FULL NAME Lloyd Oscar Hollbrook

RESIDENCE White Bird-Ida

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE White Bird-Ida

OCCUPATION Day Labor

MOTHER

FULL MAIDEN NAME Doris Irene Reeves

RESIDENCE White Bird-Ida

COLOR White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Sparta Oregon

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

(Signature) W. A. Foskett

M. D.

(Physician or midwife)

Address White Bird - Ida

Filed June 1922 W. A. Foskett Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

NOV 6 1969

455-217-025-192

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED DEC 1 1922

CERTIFICATE OF BIRTH

County of Idaho

City of Riggins

Registration District No. 2183 File No. 106606

No. ..... St.

Primary Registration District No. 104 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lulu Opal Denney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	May 17 1922

FATHER		MOTHER	
FULL NAME	Fred A. Denney	FULL MAIDEN NAME	Jeannette E. Arbuckle
RESIDENCE	Riggins	RESIDENCE	Riggins
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3. A. M. on the date above stated.

(Signature) W. A. Foskett M.D.
(Physician or midwife)

Address White Bird Ida

W. A. Foskett
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

Filed ..... 19....

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-207-025-914

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106607

County of Idaho

City of Ferdinand

Registration District No. 105 File No. 60

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Steiger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— and —		Yes	Oct 7 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Paul Steiger	Clara Rad
RESIDENCE	Ferdinand	Ferdinand
COLOR	White	W.
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Texas.	Idaho
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Brn alive (Born alive or stillborn), at 2 a. M., on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr

Cottonwood Ida.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 30 1922 W. F. Orr

Registrar

Registrar

483-107-025-144

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106608

County of Idaho

City of Ferdinand

Registration District No. 105 File No. 61

No. ..... St.

Hospital .....

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Cletus Andrew Uhlorn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Oct 7 1922

FATHER	MOTHER
FULL NAME: Aloysius Uhlorn	FULL MAIDEN NAME: Scholastica Mae Durnan
RESIDENCE: Ferdinand	RESIDENCE: Ferdinand
COLOR:	COLOR: W.
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Penn.
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr

(Physician or midwife)

Address Cottonwood

Filed Oct 30 1922 W. F. Orr Registrar

Given names added from a supplemental report.

..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 2 2 1973

483/108·025866

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

DEC 4 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106609

County of Idaho

City of ~~Cottonwood~~ Kellerville

Registration District No. 105 File No. 62

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Laurence Uhlenkott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Oct 8 1922

FATHER	MOTHER
FULL NAME Gerhard Uhlenkott.	FULL MAIDEN NAME Elizabeth Haese
RESIDENCE Kellerville	RESIDENCE Kellerville
COLOR W	COLOR W.
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Ill.
OCCUPATION Farmer	OCCUPATION House Wife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr
(Physician or midwife)

Address Cottonwood

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 30 1922 W. F. Orr
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-510-925-141

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

106610

County of Idaho

City of Cottonwood

Registration District No. 103 File No. 63

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Audrey Pearl Brown

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	and —	Yes	Oct 10 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edgar Brown	Martha Adams
RESIDENCE	Cottonwood	Cottonwood
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Ncar.	N. Dak.
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr

(Physician or midwife)

Address Cottonwood

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 20 1922 W. F. Orr

Registrar

STATE OF IDAHO

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

RECEIVED DEC 21 1922 BUREAU OF VITAL STATISTICS

Place of Birth

City Cottonwood

St. _____

County Idaho

File No. 106610

Date of Birth Oct. 10th

Sex of Child Female

Father Edgar Brown Mother Martha Adams

I HEREBY CERTIFY that the child herein has been named:

Audery Pearl Brown

Martha Brown

Signature of Father or Mother.

FEB 14 1944

345-122-045-195

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106612

County of Idaho.

City of Ferdiannd

No. ____ St.

Hospital ____

Registration District No. 105 File No. 65

Primary Registration District No. 2183 Registered No. ____

FULL NAME OF CHILD Ervin Leslie Kinzer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	Oct. 22 192 2

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Walter H. Kinzer	FULL MAIDEN NAME Katherine Arnzen
RESIDENCE Ferdiand, Idaho.	RESIDENCE Ferdiannd Idaho.
COLOR white	COLOR ~~xxxx~~ White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Ferdinand	BIRTHPLACE Oklahoma City.
OCCUPATION Rancher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Dueclap M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Oct 30 1923 W. F. Ord Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-217-025-269

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

106613

County of Idaho

City of Cottonwood

DEC 4 1922

Registration District No. 105

File No. 66

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD Louise Olive Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	10 (Month) 17 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Oliver E. Jones	FULL MAIDEN NAME	Lillian Von Borgen
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Cottonwood
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 30 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Shinnick M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood

Registrar

Filed Oct 30 1922 W. F. Orr

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 13 1969

214-119-025-238

PLACE OF BIRTH

RECEIVED
DEC 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-9-8-17

CERTIFICATE OF BIRTH

106614

County of Idaho

City of Kentville

Registration District No. 105

File No. 67

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD Florian ~~Eugene~~ Albert Barne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benjiman Barne	FULL MAIDEN NAME	Margret Schaecker
RESIDENCE	Kentville	RESIDENCE	Kentville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J D Shinnick M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood

Filed Oct 30 1922 W. F. Orr

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 0 1942

STATE OF IDAHO NOV 10 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Marion } ss.

Certificate No. 106614 42

Date Filed November 4th, 19

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Florian Eugene Baune (Name on Original Certificate) who Born (Was Born or Died) on Oct. 19th, 1922 (Date of Event)
in Kentervible, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Affadavit Below (Bible Record, Insurance Policy, Etc.) prepared on November 4th, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Eugene	Florian Albert Baune

Subscribed and sworn to before me this 4th
day of November, 1942

Jessie Hagaman
Notary Public, residing at Woodburn, Ore.
My commission expires 3/19/1946
(Seal)

Signed Mrs. Ben Baune (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Woodburn, Rt. 1.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Marion } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of November 4th, 1942

Jessie Hagaman
Notary Public, residing at Woodburn, Ore.
My commission expires 3/19/1946
(Seal)

Signed Clarence Baune (Brother)
(Signature of Any Credible Person Other Than Previous Year)

Woodburn Rt. 1.
(Street Address, City, State)

NOV 1 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-125025-542

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

106615

Registration District No. 105 File No. 68

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Edward Herman Tautfest

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	10 (Month) 25 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Edward Henry Tautfest	FULL MAIDEN NAME	May Eubank
RESIDENCE	Ferdinand	RESIDENCE	Ferdinand
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:06 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J D Shinnick

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Idaho

Filed Oct 30 1922 W F Orr

Registrar

Registrar

JUN 2 8 194

195-11-025-547

Form V. S. No. 11-C—25m-7-21-19

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106616

PLACE OF BIRTH

County of Idaho

City of Green Creek

No. ..... St.

Hospital .....

Registration District No. 105 File No. 69

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Dennis Francis Carl Arnzen.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— and —		Yes	Nov 19 1922

FATHER		MOTHER	
FULL NAME	Frank Arnzen	FULL MAIDEN NAME	Mary A Nuxoll
RESIDENCE	Green Creek.	RESIDENCE	Green Creek.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 A.M. on the date above stated.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Address Cottonwood

Filed Nov-30 1922 W.F. Orr Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1943

238-103-025-142

Form V. S. No. H-O—15m-4-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

106617

County of Idaho

City of Green Creek

DEC 4 1922
BUREAU OF VITAL STATISTICS

Registrar's No. 1055 File No. 70

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Hubert Edmund Schmidt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Nov 3 1922

	FATHER	MOTHER
FULL NAME	Anton Gerhardt Schmidt	FULL MAIDEN NAME Mary Jonathan Justice
RESIDENCE	Green Creek	Green Creek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Cottonwood Ida	Hudson Kans.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Shumick (Physician or midwife)

Address Cottonwood

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 30 1922 W. F. Orr Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

? 1948

652-104-025-365

PLACE OF BIRTH

County of Idaho

City of Green Creek

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-12

106618

Registration District No. 105 File No. 71

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital ..... HAROLD ALBERT WESSELS

FULL NAME OF CHILD Harold ~~Willis~~ Wessels

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov 4 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harold Albert Wessels	FULL MAIDEN NAME	Helen Josephine Toenis
RESIDENCE	Green Creek	RESIDENCE	Green Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Hanover Kans.	BIRTHPLACE	Rock Valley Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shimnick M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood

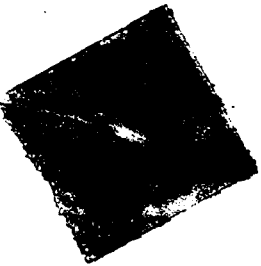
Filed Nov 30 1922 W. F. Orr
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho }

JAN 19 1942

Certificate No. 6618

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Harold Albert Wessels (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 4, 1922 (DATE OF EVENT)
in Greencreek Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Diary (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov. 27, 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Wessles	Wessels
~~Name~~	Harold Wm.	Harold Albert Wessels

Subscribed and sworn to before me this 15
day of January, 1942
Frank H. Anzen
Notary Public, residing at Greencreek Ida
My commission expires 9th July 1942
(SEAL)

Signed A. W. Wessels
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Greencreek, Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15
day of January, 1942
Frank H. Anzen
Notary Public, residing at Greencreek Ida
My commission expires 9th July 1942
(SEAL)

Signed Mrs. Mary A. Anzen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Greencreek, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 19 1942 By
(REGISTRAR'S SIGNATURE)

256-221-025-547

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 4 1922
BUREAU OF VITAL STATISTICS

County of Idaho

City of Cottonwood

Registration District No. 105

File No. 706619

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Eleanor~~ Mary Knoop

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Nov 21 1921

FATHER		MOTHER	
FULL NAME	John F. Knoop.	FULL MAIDEN NAME	Gertrude Mary Nuxoll
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wis.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9. a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M. D.
(Physician or midwife)

Address Cottonwood Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 30 1922 W. F. Orr
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Idaho } ss.

Certificate No. 106619

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Elinor Mary Knop (Name on Original Certificate) who Born (Was Born or Died) on Nov 22-1922 (Date of Event) in Cottonwood Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal (Bible Record, Insurance Policy, Etc.) prepared on NOV-22-1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Elinor	Eleanor Mary Knop

Subscribed and sworn to before me this 29 day of March, 1943

Mike Hilbert
Notary Public, residing at Cottonwood Idaho

My commission expires Jan 24-1946
(Seal)

Signed Gertrude M. Knop (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cottonwood Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 1 1943

MAR 5 1952

547-123-025-285

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

DEC 4 1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106620

County of Idaho

City of Kenterville

Registration District No. 105 File No. 73

No. ..... St.

Hospital .....

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD George Lloyd Muxell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Nov 23 1922

FATHER		MOTHER	
FULL NAME	Lawrence Muxell	FULL MAIDEN NAME	Mary Shea
RESIDENCE	Kenterville	RESIDENCE	Kenterville
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 A. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.
(Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Nov. 30 1922 W. F. Orr
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-206-025-857

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106621

County of Idaho

City of Grangeville

No. ..... St. ..... Registration District No. 103 File No. .....

Hospital ..... Primary Registration District No. 2181 Registered No. 56

FULL NAME OF CHILD Vera Melvina Wilkins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Nov. 6 1922

What bactericidal solution was used in eyes? 2% Sol. Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Amos Luke Wilkins	FULL MAIDEN NAME	Clara Odessa Heath
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Grangeville Ida	BIRTHPLACE	South City Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Chipman
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Grangeville Ida

Filed Dec 1 1922 G. S. Stockton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

812-204-225-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106622

County of Idaho
City of Grangeville
No. ..... St.
Hospital .....

Registration District No. 103 File No. .....
Primary Registration District No. 2181 Registered No. 25

FULL NAME OF CHILD Lois Mae Hazelbaker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov. 4 1922

What bactericidal solution was used in eyes? 2% Sol Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Christopher Carl Hazelbaker	FULL MAIDEN NAME	Melba May Manring
RESIDENCE	Grangeville	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Grant Co. Nebr.	BIRTHPLACE	Pullman Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 5 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Chipman
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Grangeville Ida.

Filed Dec 1 1922 G. S. Stockton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1942

APR 5 1976

25-2-22-1025-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 7 1922

CERTIFICATE OF BIRTH

County of Idaho
City of Grangeville
No. ..... St.
Hospital .....

Registration District No. 103 File No. 106623
Primary Registration District No. 1001 Registered No. 54

FULL NAME OF CHILD Ted Le Boeuf,
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Nov 22 1922

What bactericidal solution was used in eyes? 10% Sol Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Henry J Le Boeuf	FULL MAIDEN NAME	Bessie M Burnham
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Michigan	BIRTHPLACE	Illinois
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) G S Stricklin
(Physician or ~~midwife~~)
Address Grangeville Ida

Filed Dec 1 1922 G. S. Stricklin Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

114-22-025-152

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho, DEC 7

City of Grangeville

No. ____ St.

Registration District No. 103 File No. 106624

Hospital ____ Primary Registration District No. 1001 Registered No. 58

FULL NAME OF CHILD Helen Loraine James
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Nov 20 1922

What bactericidal solution was used in eyes? 10% Sol argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Bert M James	FULL MAIDEN NAME	Hattie H Jess
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 5-20 a, **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) G. B. Stricklin
(Physician or midwife)

Address Grangeville Ida

Filed Dec 1 1922 G B Stricklin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 12 1967

1169-21-025-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106625

County of Idaho

City of Grangeville

No. ..... St.

Registration District No. 103 File No. .....

Hospital .....

Primary Registration District No. 1001 Registered No. 52

FULL NAME OF CHILD Cleora Morris
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Nov 11 1922

What bactericidal solution was used in eyes? 10% Sol Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James O Morris	FULL MAIDEN NAME	Pauline L Barker
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) G S Stockton
(Physician or ~~midwife~~)

Address Grangeville Ida

Filed Dec 1 1922 G. S. Stockton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1942

312-110-025-36.2

PLACE OF BIRTH

RECEIVED
DEC 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103 File No. 106626

Primary Registration District No. 1001 Registered No. 31

FULL NAME OF CHILD Everett Marvin Castle
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Oct 10 1922

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Alvin H Castle	FULL MAIDEN NAME	Luddie M Cosand
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alvin H Castle
Father
(Physician or midwife)

Address Grangeville Ida

Filed Dec 1 1922 H. S. Stockton
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DEC 16 19[illegible]

County of

JAN 24 1964

[redacted] 236-227-026-236
BIRTH

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106627

County of Jefferson
City of Menan
No. ..... St.
Hospital .....

Registration District No. 98 File No. .....
Primary Registration District No. 2176 Registered No. 296

FULL NAME OF CHILD Echo Joyce Scott
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Oct 27 1922

What bactericidal solution was used in eyes? Ag NO3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Reuben R Scott	FULL MAIDEN NAME	Gertrude Stowell
RESIDENCE	Country	RESIDENCE	County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 13 a (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody
MD
(Physician or midwife)

Address Menan

Filed 11-10 1922 Ray H Fisher
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
JAN 15 19
BUREAU OF VITAL STATISTICS

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * * BUREAU OF VITAL STATISTICS.

Place of Birth (City Menan
(St.
(County Jefferson

File No. 106627

Date of Birth Oct. 27 - 1922

Sex of Child Female

Father Pemberton Mother Gertrude Scott.

I HEREBY CERTIFY that the child herein has been named:

Echo Joyce Scott.

Pemberton L Scott Father
Signature of Father or Mother.

MAR 2 1976

165-226-026-857

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED NOV 27 1922 VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson
City of Menan
No. ..... St.
Hospital

Registration District No. 98 File No. 106628
Primary Registration District No. 2176 Registered No. 297

FULL NAME OF CHILD Audrey JONES
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	Oct 26 1922

What bactericidal solution was used in eyes? Arg NO3 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	H Warden Jones	FULL MAIDEN NAME	Lola Yearsley
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	West Va	BIRTHPLACE	Idaho
OCCUPATION	Commission Dealer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive or stillborn at 1109 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Chas D Moody M D
(Physician or midwife)
Address Menan

Filed 11-10 1922 Ray H Fisher Registrar.

APR 1 2 1943

622412-026-595

PLACE OF BIRTH

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106629

County of Jefferson

City of Lewisville

No. ..... St.

Registration District No. 98 File No. .....

Hospital .....

Primary Registration District No. 2176 Registered No. 295

FULL NAME OF CHILD Manford Lewis Osborne
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 12 1922

What bactericidal solution was used in eyes? Ag NO3 2%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Walter E Osborne	FULL MAIDEN NAME	Lizzie Nielsen
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Pool Hall	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. at 12 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody
MD
(Physician or midwife)

Address Mecca

Filed 11-10 1922 Ray H Fisher
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

RECEIVED
JAN 3 1923
BUREAU OF STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/16/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Lewisville

(St. _____

(County Jefferson

File No. 106629

Date of Birth Oct 12 - 1922

Sex of Child Male

Father Walter Osborne Mother Lizzie Osborne

I HEREBY CERTIFY that the child herein has been named:

Masford Lewis Osborne

Walter Osborne

Signature of Father or Mother.

964-210-026-418

PLACE OF BIRTH

amended 4/23/80

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 27 1922 ... VITAL

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Registration District No. 98 File No. 106630

Hospital .....

Primary Registration District No. 2176 Registered No. 294

FULL NAME OF CHILD Betty Dayton Rounds
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 10 1922

What bactericidal solution was used in eyes? A G No 3 2/0

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	George C Rounds	FULL MAIDEN NAME	Sarah E Dayton
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B A (Born alive or stillborn), at 12:10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody
MD
(Physician or midwife)

Address Menan

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 11-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

9-17-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 25 12 15 PM '80

State of _____ } ss.
County of _____

Certificate No. 106630
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Rounds (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 10, 1922 (Date of Event)

in Menan, (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Betty DayTON Rounds

Subscribed and sworn to before me this 19th day of February, 19 80.

Notary Public, _____

Residing at Idaho Falls, Idaho

My commission expires Aug. 22, 1980

(Seal)

Betty Dayton Rounds Davis
Signature of Applicant

425 E. 19th St. Idaho Falls Idaho 83401
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certif of Baptism from the LDS Church gives nameas Betty Dayton Rounds daugher of Geo C. Rounds and Sarah E. Dayton. born Oct 10, 1922 at Menan, Idaho. Baptized Nov. 1, 1930. viewed by V. S.

APR 23 1980

Certif of Blessing from the LDS Church gives nameas Betty ~~EY~~ Dayton Rounds daughter of George Rounds and Sarah E. Dayton. born O t 10, 1922 at Menan, Idaho. Blessed Jan 7, 1923. viewed by V. S.

919-126026-459

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106631

County of Jefferson

City of Annis

No. ..... St.

Hospital .....

Registration District No. 98

File No. .....

Primary Registration District No. 2176

Registered No. 293

FULL NAME OF CHILD Don Merrill Rainey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 26 1922

What bactericidal solution was used in eyes? Sig NO

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	George D Rainey	FULL MAIDEN NAME	Elsie J Merrill
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. R. (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Menan

Filed 11-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss.

Certificate No. 106631

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Rainey (Name on Original Certificate) who was born (Was Born or Died) on 9-26-22 (Date of Event) in Annis (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School Record 192501937 (Bible Record, Insurance Policy, Etc.) prepared on 2-27-44 (Give Date), are:

Draft Classification

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Don Merrill Rainey

Viewed by V. S.

Subscribed and sworn to before me this 29th day of January, 1957

George M. Lawson
Notary Public, residing at Lenan Idaho
My commission expires Dec. 12th 1959
(Seal)

Signed Geo. D. Rainey Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lorenzo Route #1 Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of January, 1957

George M. Lawson
Notary Public, residing at Lenan, Idaho
My commission expires Dec 12, 1959
(Seal)

Signed Elsie Merrill Rainey Mother
(Signature of Any Credible Person)

Lorenzo Route #1 Idaho.
(Street Address, City, State)

FORM DPH 55. 155

1 Copy filed

FEB 14 1957

168-208-226-756

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106632

County of ..... NOV 27 1922

City of .....

No. ..... St. Registration District No. 98 File No. .....

Hospital ..... Primary Registration District No. 2176 Registered No. 282

FULL NAME OF CHILD BERTHA LUCILLE JOHNSTON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 8 1922

What bactericidal solution was used in eyes? AgNO3

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

	FATHER	MOTHER
FULL NAME	Thomas Johnston	Ella May Lewis
RESIDENCE	Medan	Medan
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	Arizona	Utah
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody M.D.
(Physician or midwife)

Address Medan

Give names added from a supplemental report.

....., 19.....

Filed 11-6 1922 Ray H. Fisher
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-218-026-133

PLACE OF BIRTH NAME CHANGED PURSUANT COURT ORDER May 8, 1985

Certificate amended 7-15-85

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

No. ____ St.

Registration District No. 98 File No. 106633

Hospital ____ Primary Registration District No. 2176 Registered No. 281

FULL NAME OF CHILD ~~Vera Hansen~~ MARY HANSEN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	9-19-1922

What bacteriocidal solution was used in eyes? Silver Nit 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm M Hansen	FULL MAIDEN NAME	Vera Alfred
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3309 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody M D
(Physician or midwife)

Address Menan

Filed 11-20 1922 Ray H Fisher
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Martin R. Ward
Maguire, Ward, Maguire & Eldredge
Professional Association
353 E. Lander - P. O. Box 4758
Pocatello, Idaho 83205-4758
Telephone: (208) 232-5167

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 7 3 43 PM '85

IN THE DISTRICT COURT OF THE SIXTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BANNCK

MAGISTRATE DIVISION

In the matter of the change of name of:	Case No. 12722
VEDA HANSEN WINTERS,	ORDER FOR CHANGE OF NAME

The application of Veda Hansen Winters praying for an order of the Court changing her name of Veda Hansen Winters to Mary Hansen Winters, came regularly to be heard on this date, and proof having been made to the satisfaction of the Court that notice of hearing hereon was given in the manner and form required by law and order of this Court, and no objections having been filed by any person, and the Court being satisfied that there is no reasonable objections to petitioner assuming the name proposed.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED That petitioner's name of Veda Hansen Winters be hereby changed to Mary Hansen Winters.

DATED This 8 day of May, 1985.

HOWARD L. ARMSTRONG
Magistrate Judge

CERTIFIED
"A TRUE COPY"

JUDGE

AUG 3 1 2009

193-118026-157

PLACE OF BIRTH

RECEIVED
NOV 27 1922
BUR...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106634

County of .....

City of .....

No. ..... St.

Registration District No. 98 File No. .....

Hospital ..... Primary Registration District No. 2176 Registered No. 280

FULL NAME OF CHILD Allen Elbert Aitken
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept (Day) 18 (Year) 1922
Male		Yes	

What bactericidal solution was used in eyes? A G NO 3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Alvin Aitken	FULL MAIDEN NAME	Eleanor Angus
RESIDENCE	Country	RESIDENCE	Country
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B A (Born alive or stillborn) at 10 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody
MD
(Physician or midwife)

Address Menan

Filed 11-10 1922 Ray H Fisher
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City _____ File No. 106634

St. _____ Date of Birth _____

County _____ Sex of Child Male

Father _____ Mother _____

I HEREBY CERTIFY that the child herein has been named:

_____

_____

Signature of Father or Mother.

JUL 23

238-224-026-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106635

County of ..... Registration District No. 98 File No. .....

City of ..... No. ..... St.

Hospital ..... Primary Registration District No. 2176 Registered No. 279

FULL NAME OF CHILD Marie Schneider

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	9/24/1922

What bactericidal solution was used in eyes? Ag NO3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME Victor Schneider	FULL MAIDEN NAME Hazel E Park
RESIDENCE Counter	RESIDENCE Country
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:10 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas D Moody MD

(Physician or midwife)

Address Merrill

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 11-10-1922 Ray H Fisher

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-103-026-593

PLACE OF BIRTH

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98 File No. 106636

Primary Registration District No. 2176 Registered No. 278

FULL NAME OF CHILD ROME ORTELL POOLE
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept (Day) 3 (Year) 1922
Male		Yes	

What bactericidal solution was used in eyes? AG NO3 1/2 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ralston Poole	FULL MAIDEN NAME	Edna M Nicholls
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B A (Born alive or stillborn), at 10.45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody
M D
(Physician or midwife)

Address Menan

Filed Nov 10 1922 Ray H Fisher
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 22 1959 MAY 5 1959

766-10-026-453

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Registration District No. 98

File No. 106637

Hospital .....

Primary Registration District No. 2176

Registered No. 277

FULL NAME OF CHILD Thomas Eugene Powell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 1 1922

What bactericidal solution was used in eyes? Silver Nitrate 2%

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Guy C Powell	FULL MAIDEN NAME	Elma M Mill
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B A (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody
M D
(Physician or midwife)

Address Menan, Idaho

Filed Nov 1 1922 Ray H Fisher
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth:
City [illegible]
St. [illegible]
County [illegible]
Father [illegible]

File No. 106637
Date of Birth Sept. 1st 1922
Sex of Child Male
Mother [illegible]

I HEREBY CERTIFY that the child herein has been named:

Thomas Eugene Powell

[illegible]

Signature of Father or Mother.

ED 22 [illegible]

APR 1 1949

265-104-026-621

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Registration District No. 98 File No. 106638

Hospital ..... Primary Registration District No. 2176 Registered No. 276

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD George Hiroshi Kono George Hiroshi Kono
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 4 1922

What bactericidal solution was used in eyes? Tg NO3 2%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

	FATHER		MOTHER
FULL NAME	G Kono Gunichi Kono	FULL MAIDEN NAME	Kamo Okada Kamo Okada
RESIDENCE	Menan Menan, Idaho	RESIDENCE	Menan
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nippon	BIRTHPLACE	Nippon
OCCUPATION	Section Foreman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. at 10 P M. on the date above stated. 1st certified copy 5/22/34 (Born alive or stillborn)
2nd certified copy 4/6/40
3rd certified copy 4/10/40
4th & 5th certified copies 1/29/41
6th copy (photostat) 12/24/41

*When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody

Nov (Physician or midwife)

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Address Menan

Filed Nov 10 1922 Ray H Fisher Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

First certificate issued
May 22, 1934.
Second copy issued, Apr. 6, 1940
Third copy issued, April 10, 1940
4th & 5th Copies issued 1/29/41 L. B.

DEC 24 1941

637-1021026-345

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 106639

Primary Registration District No. 2176 Registered No. 275

FULL NAME OF CHILD Dale LaVern Olsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Oct 2 1922

FATHER		MOTHER	
FULL NAME	Henry Olsen	FULL MAIDEN NAME	Florence Lundquist
RESIDENCE	Rigby	RESIDENCE	same
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed Nov 10 1922 Ray H Fisher
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18/ 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Rigby.

(St.

(County Jefferson

File No. 106639

Date of Birth Oct 2nd 1922.

Sex of Child Male

Father Henry Olsen Mother Florence Olsen.

I HEREBY CERTIFY that the child herein has been named:

Dale LaVern Olsen

Mrs Florence Olsen.

Signature of Father or Mother.

RECEIVED JAN 2 [illegible]

APR 20 1967

JUL 11 1958

365-114-026813

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED NOV 27 1922 BUREAU OF VITAL

CERTIFICATE OF BIRTH

106640

County of Jefferson

City of Labelle

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 292

Hospital

FULL NAME OF CHILD Clarence J. Love

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Oct 14 1922

	FATHER	MOTHER
FULL NAME	Clarence Barnes Love	Florence May Hall
RESIDENCE	Labelle	Labelle
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	20	20
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	At home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar.

(Signature) Ray H Fisher

(Physician or midwife)

Address Ray H Fisher M.D.

Filed 11-18 1922 Ray H Fisher

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified Copy issued Dec. 10, 1940. E.W.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth { City Rigby

St. R.F.D. #3

County Jefferson

Father Clarence Love

File No. 106640

Date of Birth October 14, 1922

Sex of Child Male

Mother Florence Hall Love

I HEREBY CERTIFY that the child herein has been named:

Clarence J. Love

Clarence Love

Signature of Father or Mother.

339-157-026-97

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED NOV 2. BUREAU STAT

County of Jefferson

City of Annis

No. ..... St.

Hospital .....

Registration District No. 98 File No. 106641

Primary Registration District No. 2176 Registered No. 291

FULL NAME OF CHILD .....

Sex of Child: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Oct 27 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas D. Clifford	FULL MAIDEN NAME	Martha Dasher
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	At home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address Rigby

Filed 11-10 1922 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City _____ File No. 106641

(St. _____ Date of Birth _____

(County _____ Sex of Child Male

Father _____ Mother _____

I HEREBY CERTIFY that the child herein has been named:

_____

_____

Signature of Father or Mother.

458-222-026-593

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 17 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106642

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 290

Hospital .....

FULL NAME OF CHILD Verna Meyers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Sept 22 22

FATHER

FULL NAME G. J. Meyers

RESIDENCE Rigby

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE France

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lucy Nilson

RESIDENCE Rigby

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Utah

OCCUPATION At home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:00 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) Ray H Fisher
(Physician or midwife)

Address Rigby

Filed 11-20-22 19.. Ray H Fisher Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Rigby

(St. Idaho

(County Jefferson

File No. 106642

Date of Birth Sept 22nd

Sex of Child Female

Father G. J. Meyer Mother Lucy Meyer

I HEREBY CERTIFY that the child herein has been named:

"Verna"

Mrs. G. J. Meyer

Signature of Father or Mother.

JUL 20 1966

1923

867-227.026-649

PLACE OF BIRTH

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Labelle

Registration District No. 98 File No. 106045

No. ..... St.

Primary Registration District No. 2176 Registered No. 287

Hospital ..... Lucile May

FULL NAME OF CHILD [redacted] Hope

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Sept 27 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Warren Hope	Mildred M Furse
RESIDENCE	Labelle	Same
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	32
BIRTHPLACE	Utah	England
OCCUPATION	Farmer	at home

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar.

(Signature) Ray H Fisher

(Physician or midwife)

Address Ryby

Filed 11-28 1922 Ray H Fisher

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-225-026-231

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
NOV 1922
BUREAU OF VITAL STATISTICS

County of Jefferson

City of Rigby No. ..... St. .....

Registration District No. 98 File No. 106646

Primary Registration District No. 216 Registered No. 286

Hospital .....

FULL NAME OF CHILD Lila Gertrude McLing

Sex of Child F

Twin / Triplet / or other? } and { Number in order of birth } (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Sept 25 (Month) (Day) 1922 (Year)

FATHER

FULL NAME Wando McLing

RESIDENCE Rigby

COLOR W AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Gertrude Stallings

RESIDENCE same

COLOR W AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Idaho

OCCUPATION At home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 30 A M. on the date above stated.

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby

Filed 11-10 1922 Ray H Fisher Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

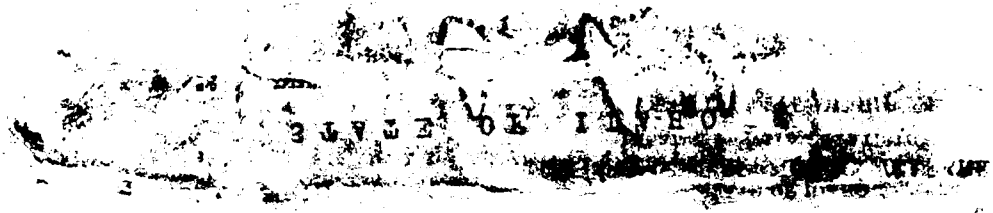
..... 19.....

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO,

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12.18 1922.

ar Madam:

The name of your baby was not filed in on the birth certi-
ate sent to this office. It is of vital importance to have the full
me included in the record. Kindly fill in the information requested
the blank below and return this sheet at your earliest convenience,
the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

City Rigby File No. 106646

St. Date of Birth Sept. 25, 1921

County Jefferson Sex of Child Female

Father Wards McLing Mother Gertrude Elizabeth Mc

EREBY CERTIFY, that the child herein has been named:

Lila Gertrude McLing

Signature of Father or Mother.

JUN 9

Dea

fic
nam
in
in

Sla
o
Sir

I H

867-109-026-419

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

RECEIVED
NOV 22 1922
BUREAU OF VITAL STATISTICS

Registration District No. 98 File No. 106647

No. ..... St. .....

Primary Registration District No. 217 Registered No. 285

Hospital .....

FULL NAME OF CHILD Alma Edgar Hoggan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
M				yes	Nov	9	22

	FATHER	MOTHER
FULL NAME	James D. Hoggan	FULL MAIDEN NAME Lella Moore
RESIDENCE	Lewisville	RESIDENCE Rome
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION at home

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2-30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

..... 19.....

Filed 11-20 19 22 Ray H Fisher
Registrar.

.....
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Lewisville. File No. 106647

(St. Idaho Date of Birth Nov. 9, 1922.

(County Jefferson Sex of Child Male

Father James O. Hoggan Mother Lella M. Hoggan

I HEREBY CERTIFY that the child herein has been named:

Alma Edgar Hoggan

Lella M. Hoggan.

Signature of Father or Mother.

1942

8-219-026-313

PLACE OF BIRTH

Form V. S. No. 11—30m-7-20-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106648

County of Jefferson

City of Rigby

No. St.

Registration District No. 98 File No.

Primary Registration District No. 2176 Registered No. 284

Hospital

FULL NAME OF CHILD Ida Nona Dayley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Oct 19 1922

FATHER

FULL NAME Lon Dayley

RESIDENCE Rigby

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Idaho

OCCUPATION Mechanic

MOTHER

FULL MAIDEN NAME Lora Call

RESIDENCE Rigby

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION At home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9-30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher
(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

19

Registrar.

Filed 11-28 1922 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18, 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { City Rigby

St. Idaho

County Jefferson

File No. 106648

Date of Birth Oct. 19, 1922

Sex of Child Female

Father Lon Dayley

Mother Lora Dayley

I HEREBY CERTIFY that the child herein has been named:

Ida Nona Dayley.

Lora Dayley

Signature of Father or Mother.

FEB 25 1942

Amended 6 2 72

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 106649
Local Reg. No. 98
Reg. Dist. No. 282

1. PLACE OF BIRTH
a. COUNTY: Jefferson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lorenzo
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Jefferson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lorenzo
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Zita b. (Middle): c. (Last): Krupp

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Sept. 23, 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Ezra b. (Middle): R. c. (Last): Krupp

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Illinois

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Inez b. (Middle): c. (Last): Hall

13. AGE (At time of this birth): 22 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ray H. Fisher

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Rigby, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 11-10-22

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

3 10 72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 2 4 35 PM '72

State of ..... } ss.
County of ..... }

Certificate No. 106649

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Beatrice Crupp (Name on Original Certificate) who was born (Was Born or Died) on Sept. 23, 1922 (Date of Event)
in Lorenzo, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Beatrice Crupp	Zita Krupp
Fathers name	Crupp	Krupp

Subscribed and sworn to before me this 2nd day of June, 1972

Florence Curtright

Notary Public, residing at Boise

My commission expires 4-30-76

(Seal)

Signed Thomas Woodrow Dunn

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1025 Dumont Boise 83706

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Marriage License State of Idaho dated September 7, 1921 (date of marriage) Rigby Idaho, Jefferson County, Ezra R. Krupp and Inez Hall .

Viewed by VS

Certificate of Blessing LDS church Rigby Ward Lorenzo, Idaho gives name as Zita Krupp born Sept. 23, 1922 Blessed November 5, 1922 born at Lorenzo, Idaho, fathers name Ezra R. Krupp.
Viewed by VS

Rigby High School Diploma May 23, 1940 gives name as Zita Krupp.

Viewed by VS

962-203-
027-993

PLACE OF [redacted]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

~~City of~~ c/o Shoshone power house

Registration District No. 23 1017

File No. 106650

No. ✓ St.

Primary Registration District No. 1017

Registered No.

Hospital ✓

FULL NAME OF CHILD Helen Mae Robinson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	Nov. -3- 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sidney W. Robinson	FULL MAIDEN NAME	Helen M. Rice
RESIDENCE	Shoshone Falls Power Plant Jerome Co.	RESIDENCE	Shoshone Power Plant Jerome Co
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Pearl City Ill.	BIRTHPLACE	Embar ~~Ill~~ Wyom.
OCCUPATION	Operator Electrical	OCCUPATION	Hwf

Number of child of this mother, including present birth ___ Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Twin Falls Idaho

Filed Nov 27 1922 E. D. Piper M.D.

Registrar

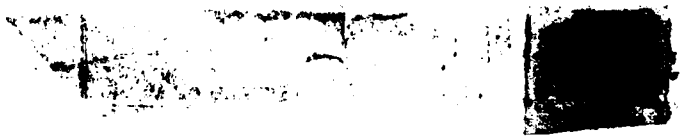
Registrar

AgNO3 (1%) in eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



313-[illegible] DEC 12 1922

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106652

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

Registration District No. 23 1017

Primary Registration District No. 2017

File No. .....

Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	other		1st	yes	Oct. 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Thos. Callen	FULL MAIDEN NAME	Fern M. O'Harrow
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Mo	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 4 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

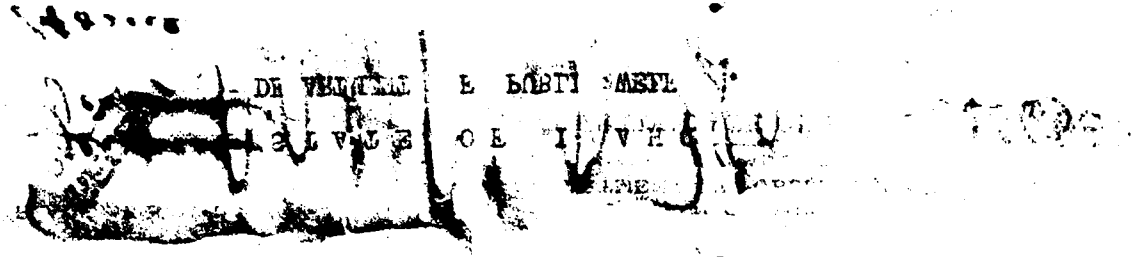
.....
Registrar.

Address .....

Filed Dec 12 1922 E. D. Piper M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { City _____ File No. 106652

St. _____ Date of Birth _____

County _____ Sex of Child ~~Female~~ male

Father _____ Mother _____

I HEREBY CERTIFY that the child herein has been named:

Death claimed child before named

Mrs. Tom Callen

Signature of Father or Mother.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 19 1922

CERTIFICATE OF BIRTH 106653

Registration District No. 23 File No. .....

Primary Registration District No. 1017 Registered No. .....

FULL NAME OF CHILD VERA Irma Greene
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f	Twin	2nd	yes	Oct. 17 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Earl B. Greene	FULL MAIDEN NAME Vera M. Harrison
RESIDENCE Jerome	RESIDENCE Jerome
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Clerk D. Store	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. P. Zeller
(Physician or midwife)

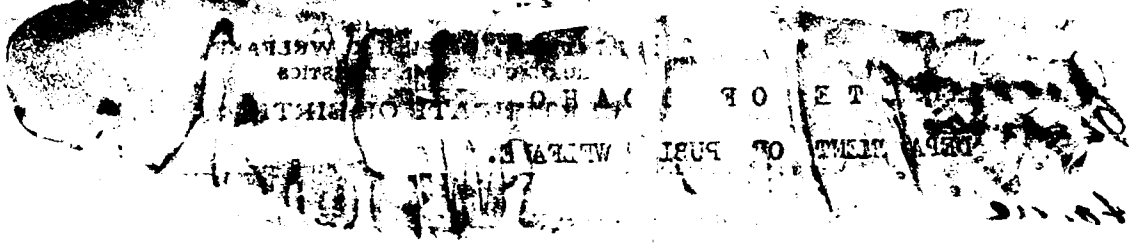
Address .....

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed DEC 12 1922 E. D. Piper M. D.
Registrar.



aup 061922-112750

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City [illegible] File No. 106653

(St. [illegible] Date of Birth [illegible]

(County [illegible] Sex of Child Female

Father Earl L. [illegible] Mother Vina Harrison [illegible]

I HEREBY CERTIFY that the child herein has been named:

[illegible]

[illegible]

Signature of Father or Mother.

955-104-027-263

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106654

County of Jerome

City of Jerome

No. ..... St.

Registration District No. 23

File No. .....

Hospital Home

Primary Registration District No. 1017 2017

Registered No. .....

FULL NAME OF CHILD Allan Wesley Reed
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	other		2 and	yes	Oct. 4 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Samuel S. Reed	FULL MAIDEN NAME	Agnes L. Kock
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Conn.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

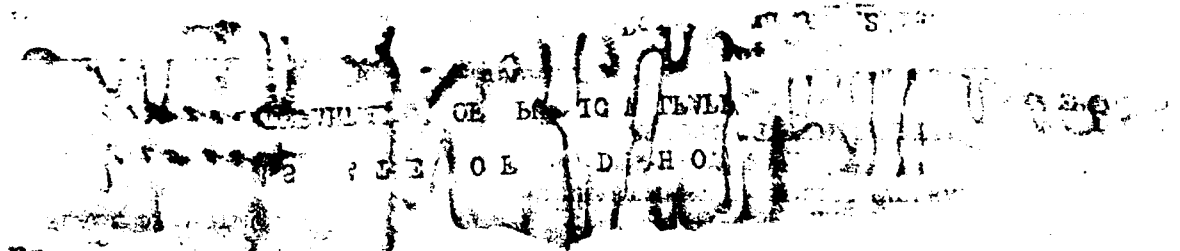
.....
Registrar.

Address .....

Filed Dec 12 1922 E D Piper M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth (City Jerome

(St. Rfd. 2 Arcadia

(County Jerome

File No. 106654

Date of Birth Oct. 3. 1922

Sex of Child Male

Father Samuel S. Reed

Mother Agnes L. Reed

I HEREBY CERTIFY that the child herein has been named

Allan Wesley Reed

Agnes Laura Reed

Signature of Father or Mother.

RECEIVED 22 AL

633-10-027-683

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 106655

Primary Registration District No. 1017 Registered No. .....

FULL NAME OF CHILD Robert Wycoff Otto

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	the	3rd	yes	Oct. 1 192 2

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Fred E. Otto	FULL MAIDEN NAME	Rosa Wycoff
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wisconsin	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Dec 12 192 2 E. D. Pope M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup 06 1922-112743

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 20 1923
BUREAU OF VITAL STATISTICS

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Jerome

(St. _____

(County Jerome

File No. 106655

Date of Birth October 1st

Sex of Child Male

Father Frederick E. Otto Mother Rosa Otto

I HEREBY CERTIFY that the child herein has been named:

Robert Wyckoff Otto

Rosa Otto

Signature of Father or Mother.

APR 30 1943

299-130-027-864

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106656

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

RECEIVED DEC

Registration District No. 23

Primary Registration District No. 1017 2017

File No. .....

Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of birth
M	other		3rd	yes	Sept 30 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Ellis Bird	FULL MAIDEN NAME	Alda Housley
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	~~Housewife~~ Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller

M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address .....

Filed Dec 12 1922 E. D. P. per M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

192-227-027-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome
City of Jerome
No. ..... St.
Hospital Home

Registration District No. 23
Primary Registration District No. 1017 2017

File No. 106657
Registered No. .....

FULL NAME OF CHILD Willafred Fay Ambrose
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	other		2nd	yes	Sept. 27 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm. A. Ambrose	FULL MAIDEN NAME	McClellan Barnard
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Arkansas	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller
M.D.
(Physician or midwife)

Give names added from a supplemental report.

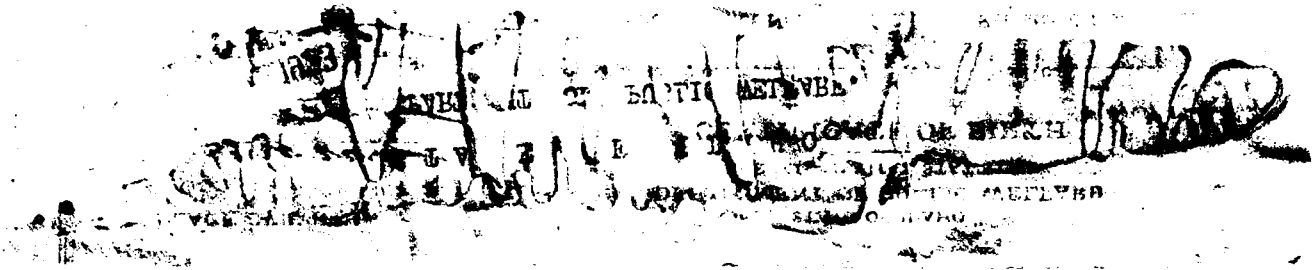
....., 192....

.....
Registrar.

Address .....

Filed Dec 12 1922 E D Piper M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED JAN 5 1923 BUREAU OF VITAL STATISTICS

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City _____

St. _____

County Jerome

File No. 106657

Date of Birth Sep. 27, 1922

Sex of Child Female

Father W. A. Ambrose

Mother Clell Ambrose

I HEREBY CERTIFY that the child herein has been named:

Willafred Fay Ambrose

Mrs. W. A. Ambrose

Signature of Father or Mother.

NOV 7 1972

612-216.027-[redacted]

PLACE OF BIRTH [redacted] DAHO
[redacted] BLIC WELFARE
[redacted] STATISTICS

County of Jerome

City of Jerome

DEC 12 1922

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. 23 File No. 106658

Hospital Home Primary Registration District No. 1017 2017 Registered No. .....

FULL NAME OF CHILD Mary Elizabeth Washburn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	other	3rd	yes	Sept 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Albert L. Washburn	FULL MAIDEN NAME	Helen Eakin
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Colo.	BIRTHPLACE	Penn
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address .....

Filed Dec 12 1922 E D Piper M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 9 1973

Dup of 1922 - 112745

689-29-027-793

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106659

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

Registration District No. 23

Primary Registration District No. 1617 2017

File No. .....

Registered No. .....

FULL NAME OF CHILD DORIS WHITE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	(To be answered only in event of plural births)		1st	yes	Aug. 29 192 2

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Edward B. White Jr.	FULL MAIDEN NAME Effie J. Gill
RESIDENCE Jerome	RESIDENCE Jerome
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Kansas
OCCUPATION Jailer	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M.D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Dec 12 1922 E. D. Shen M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Permission given Long Distance by Mother to name child
9/16/41. Z.J.

SEP 17 1941

695-222 1027-366

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

Registration District No. 28 File No. 106660

No. St.

Primary Registration District No. 2017 Registered No.

Hospital

FULL NAME OF CHILD Grace Josephine Freeman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Oct 22 1922

FATHER		MOTHER	
FULL NAME	George C. Freeman	FULL MAIDEN NAME	Levina Cooper
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton
COLOR	WH	COLOR	WH
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Colo	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Berry MD

(Physician or midwife)

Address Hazelton Ida

Given names added from a supplemental report.

19

Registrar

Filed DEC 12 1922 E. D. Piper MD Registrar

Corded Eyer

MARGIN RES[illegible] FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 13 194

914-201-027-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Registration District No. 23 File No. 106661

Hospital Home

Primary Registration District No. 1017 Registered No. .....

FULL NAME OF CHILD Marjorie Ellen Rader
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	Number in order of birth	Legitimate?	Date of birth
F.	Other	2nd	yes	Nov. 1 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm. M. Rader	FULL MAIDEN NAME	Helen E. Harbin
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kentucky	BIRTHPLACE	Kansas
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller
M.D.
(Physician or midwife)

Give names added from a supplemental report.

Address .....

..... , 192....

Filed Dec 12 1922 E. D. Piper M.D.
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1922-112749

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
City Jerome
St.
County Jerome
Father Wm Rader

File No. 10661
Date of Birth November 1st 1922
Sex of Child Female
Mother Helen Rader

I HEREBY CERTIFY that the child herein has been named:

Marjorie Helen Rader

Helen Rader

Signature of Father or Mother.

VITAL

299-204-027-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 12

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Registration District No. 23

File No. 106662

Hospital Home

Primary Registration District No. ~~2017~~ 1017

Registered No. .....

FULL NAME OF CHILD Aileen Doris Bird
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			2nd	yes	Nov. 4 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Arthur R. Bird	FULL MAIDEN NAME	Dorothy Thomason
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address .....

Filed Dec 12 1922 E. D. Piper M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1922-112753

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

RECEIVED
AUG
STATISTICS

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth (City Jerome
(St. Idaho
(County Jerome

File No. 106662

Date of Birth Nov. 4 1922

Sex of Child Female

Father Arthur R Bird Mother Dorothy Bird

I HEREBY CERTIFY that the child herein has been named:

Aileen Doris Bird

Arthur R Bird

Signature of Father or Mother.

253-204-042-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Twin Falls Co.

City of Near Twin Falls

DEC 12 1922

CERTIFICATE OF BIRTH

106663

No. ..... St. Registration District No. 23 File No. .....

Hospital ..... Primary Registration District No. 1017 2017 Registered No. .....

FULL NAME OF CHILD Norma Helen Kelty
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	11 4 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fred Lincoln Kelty	FULL MAIDEN NAME	Helen Dymple Cochran
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Oregon	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C D Weaver
Physician
(Physician or midwife)

Address Twin Falls, Idaho

Filed DEC 12 1922 E. D. Piper M.D.
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho 15/1c

RECEIVED
JAN 21 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth { City Twin Falls

St. _____

County Twin Falls

File No. 106663

Date of Birth November fourth

Sex of Child Female

Father Fred L Kelty

Mother Helen M Kelty

I HEREBY CERTIFY that the child herein has been named:

Norma Helen Kelty

Fred L Kelty

Signature of Father or Mother.

FEB 9 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of El Dorado } ss.

FEB 16 1942

Certificate No. 106663

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Norma Helen Kelty (Name on Original Certificate) who was born (Was Born or Died) on November 4, 1922 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by record below (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birth place	Jerome Co., Jerome	Twin Falls Co., near T. F.

Subscribed and sworn to before me this 13th day of February, 1942
Patricia Darlington
Notary Public, residing at Placerville
My commission expires April 25, 1943
(Seal)

Signed Mrs. Fred L. Kelty
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Vallejo California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of El Dorado } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of February 1942
Patricia Darlington
Notary Public, residing at Placerville
My commission expires April 25, 1943
(Seal)

Signed Olive Bishop
(Signature of Any Credible Person Other Than Previous Year)
Box 644, Placerville Cal
(Street Address, City, State)

291-107-027-279

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

Registration District No. 23 File No. 106664

No. ..... St.

Primary Registration District No. 1017 2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Richard Lee Branson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Nov 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Artie Lee Branson	FULL MAIDEN NAME	Marjorie Sprague
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ills
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 15 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Berry MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Hazelton Ida

Filed DEC 12 1922 E. D. Piper M.D.

Registrar

Coded Eyers

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 31 1955

154.21.027.993

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome
City of Jerome
No. ..... St.
Hospital Home

DEC 12 1922

Registration District No. 23
Primary Registration District No. 1017

File No. 106665
Registered No. ....

FULL NAME OF CHILD Florence Eileen Andrews
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)	4th	yes	Nov. 14 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Fred L. Andrews	FULL MAIDEN NAME Estella T. Richendifer
RESIDENCE Jerome	RESIDENCE Jerome
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Nebr.	BIRTHPLACE Nebr.
OCCUPATION Merchant	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Dec 12 1922 E. D. Piper M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup 08 1922-112751

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth (City Jerome

St. _____

County Jerome

File No. 106665

Date of Birth 13th, Nov

Sex of Child Female

Father Fred L. Andrews Mother Estelle V. Andrews

I HEREBY CERTIFY that the child herein has been named:

Florence Eileen Andrews,

Estelle V. Andrews.

Signature of Father or Mother.

DEC 11 1942

JUL 15 1953

296-167.027-681

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106666

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

Registration District No. 23

Primary Registration District No. 1017

File No. .....

Registered No. 2017

FULL NAME OF CHILD Robert Rex Brooks

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)	1st	yes	Nov. 17 192 2

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Robert Rex Brooks	FULL MAIDEN NAME Ola Maude Whaley
RESIDENCE Jerome	RESIDENCE Jerome
COLOR W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Arkansas	BIRTHPLACE S. Dakota
OCCUPATION Mechanic	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D. (Physician or midwife)

Address Jerome

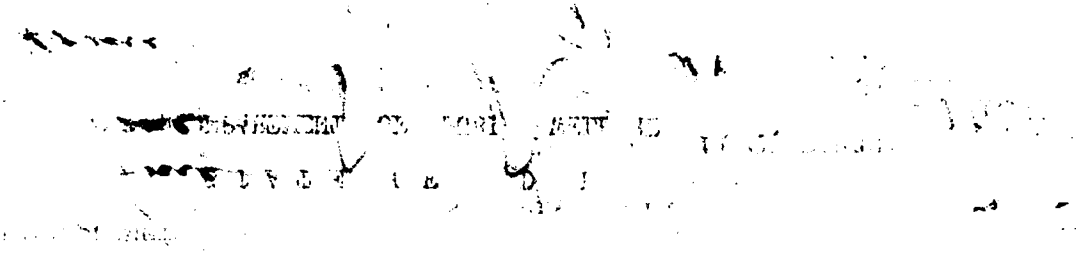
Filed Dec 12 1922 E. D. Piper M.D. Registrar.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Jerome

St. _____

County Jerome

Father R. R. Brooks

File No. 106666

Date of Birth Nov. 17 1922

Sex of Child Male

Mother R. R. Brooks

I HEREBY CERTIFY that the child herein has been named:

Master Robert Ref Brooks Jr.

Mr Robert Ref Brooks

Signature of Father or Mother.

453-219-027-532

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 12 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106667

County of Jerome

City of Jerome

No. ..... St. Registration District No. 23 File No. .....

Hospital Home Primary Registration District No. 1017 2017 Registered No. .....

FULL NAME OF CHILD Margaret Mae Decker.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f	other	2nd	yes	Nov. 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Curtis J. Decker	FULL MAIDEN NAME	Naomi Ester Eckhart Eckert
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nebr.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address .....

Filed Dec 12 1922 E D Piper M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/4/41 rmf

MAY 10 1972

364-118-027-154

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

Registration District No. 23

File No. 106668

No. ____ St. 1017

Primary Registration District No. 2017

Registered No. ____

Hospital ____

FULL NAME OF CHILD James Robert Couch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Nov 18 1922

FATHER		MOTHER	
FULL NAME	Lewis Couch	FULL MAIDEN NAME	Bessie Cutler
RESIDENCE	Eden	RESIDENCE	
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1-9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Berry M D

(Physician or midwife)

Address Hazelton Ida

Given names added from a supplemental report.

____ 19____

Registrar

Filed DEC 12 19 22 E. D. Piper M.D.

Registrar

Corrected Copy

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. 28, 1940. E.W.

264-2191027-363

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Hazelton

No. ..... St.

Hospital .....

Registration District No. 23 1017

File No. 106669

Primary Registration District No. 2017

Registered No. .....

FULL NAME OF CHILD VIRGINIA IRENE BODEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7		Yes	Nov 19 1922

FATHER		MOTHER	
FULL NAME	Wendall Boden	FULL MAIDEN NAME	Pauline Lockridge
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	White	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Berry MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Hazelton Ida

Filed Dec 12 1922 E. D. Pipe MD

Registrar

Oreded eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of YOLO } ss.

Certificate No. 106669

Date Filed MAR 00

"The undersigned does solemnly swear that certain facts on the certificate of November 19, 1922 (Birth or Death) for Virginia Irene Boden (Name on Original Certificate) who was born (Was Born or Died) on Nov. 19, 1922 (Date of Event) Lot OK in Hazelton- Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Bible (Bible Record, Insurance Policy, Etc.) prepared on Nov. 19, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Virginia Irene Boden

Subscribed and sworn to before me this 17 day of March, 1942

Bradley J. Stephens

Notary Public, residing at Woodland Calif.

My commission expires Jan. 12, 1945

(Seal)

Signed Mrs Wendell Boden

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

655 Third St. Woodland Cal

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Yolo } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th. day of March, 1942

Bradley J. Stephens

Notary Public, residing at Woodland Calif.

My commission expires Jan. 12, 1945

(Seal)

Signed Carl Teuscher

(Signature of Any Credible Person Other Than Previous Year)

Woodland. Calyamca

(Street Address, City, State)

AUG 30 1945

955-123-027-395

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 12 1922

CERTIFICATE OF BIRTH

106670

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

Registration District No. 23

Primary Registration District No. 2017

File No. .....

Registered No. .....

FULL NAME OF CHILD Cole Montgomery Reed

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth
M.	Yes (To be answered only in event of plural births)	2nd	Yes	Nov 23 (Month) (Day) 192 2 (Year)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Fred C. Reed	FULL MAIDEN NAME Francis W. Lively
RESIDENCE Jerome	RESIDENCE Jerome
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Texas	BIRTHPLACE Texas
OCCUPATION Auto Dealer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Dec 12 1922 E. D. Pfost M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup 061922-112752

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Jerome

(St. Ave B.

(County Jerome

File No. 106670

Date of Birth 23rd Nov.

Sex of Child Male Male

Father Fred C Reed Mother Frances Lively Reed

I HEREBY CERTIFY that the child herein has been named:

Cole Montgomery Reed

Mrs Fred C Reed

Signature of Father or Mother.

JUL 11 1960
MAY 4 1971

659-124-027-331

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

No. ..... St.

Hospital .....

Registration District No. 23 File No. 106671

Primary Registration District No. 1017 2017 Registered No. .....

FULL NAME OF CHILD Tessie Ferris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Nov (Month) 24 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Edgar Lee Ferris	FULL MAIDEN NAME	Balva Clark
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 20/A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Burns M D

(Physician or midwife)

Address Hazelton Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed Dec 19 22 E. D. Piper M.D.

Registrar

Ended Eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of ..... St.

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

663-227-027-816

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome
City of Jerome
No. ..... St.
Hospital Home

Registration District No. 23 File No. 106672
Primary Registration District No. 1017 Registered No. .....

FULL NAME OF CHILD Dorothy Hazel Wolfe
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
F.	Other	4	yes	Nov. 27 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Paul M. Wolfe	FULL MAIDEN NAME	Hazel M. Hawley
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Penn.	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address .....

Filed Dec 12 1922 E. D. Piper M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dwp 08 1902-112754

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { City Jerome

St. _____

County Jerome

File No. 106678

Date of Birth Nov 27, 1922

Sex of Child Female

Father Paul M. Wolfe Mother Mrs. Hazel Wolfe

I HEREBY CERTIFY that the child herein has been named:

Dorothy Hazel Wolfe

Mrs Hazel Wolfe

Signature of Father or Mother.

RECEIVED

OCT 26 1943

2 36-1041 027-472

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 106673

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lawrence Edward Stumpf
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	(To be answered only in event of plural births)	9th	yes	Dec. 4 192 2

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME Edward F. Stumpf	FULL MAIDEN NAME Edith McKean
RESIDENCE Jerome	RESIDENCE Jerome
COLOR W.	COLOR W
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D.
(Physician or midwife)

Address .....

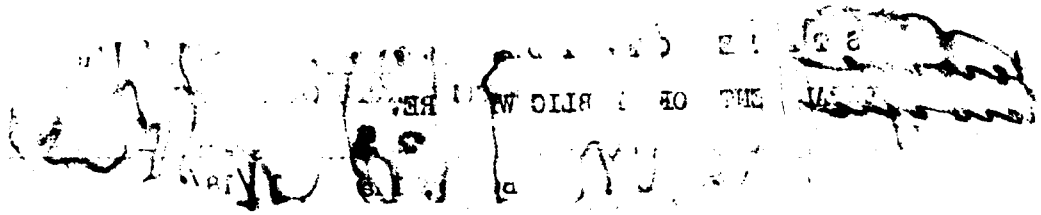
Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Dec. 12 1922 E. D. Pyeatt M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DECEASED

Cup of 1922 - 112757

EIVED
1922
VITAL

STATE OF IDAHO.

RTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full names included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth { City Jerome

State Idaho

County Jerome

Father Edward

File No. 106673

Date of Birth Dec. 3rd 1922

Sex of Child Male

Mother Edith

I HEREBY CERTIFY that the child herein has been named:

Laurence Edward Stumpf.

Mrs Edith C. Stumpf.

Signature of Father or Mother.

FEB 8 1967

249-205-027-465

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106674

County of Jerome

City of Jerome

No. ..... St.

Registration District No. 23

File No. .....

Hospital Home

Primary Registration District No. 1017 2017

Registered No. .....

FULL NAME OF CHILD Betty Lou Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day)
F.	other		12th	yes	Dec. 5

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	Lecil M. Smith	FULL MAIDEN NAME	Maud E. Donlavy
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY	
BIRTHPLACE	Mo	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 a. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M.D.
(Physician or midwife)

Give names added from a supplemental report.

K ....., 192....

Registrar.

Address .....

Filed Dec 12 1922 E D Piper
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 19

JUN 6 1974

Dept of 1922 - 112759

356-121027-662

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome
City of Jerome
No. ..... St.
Hospital Home

Registration District No. 23
Primary Registration District No. 1017 2017

File No. 106675
Registered No. .....

FULL NAME OF CHILD ROBERT EUGENE LEWIS
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	other		7	yes	Oct. 21 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Milliard L. Lewis	FULL MAIDEN NAME	LEONA ~~Leona~~ Foster
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	N. C.	BIRTHPLACE	N. C.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address .....

Filed Dec 12 1922 E. D. Piper M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup 00 1922-112747

IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 7/16 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Jerome

ST. _____

COUNTY Jerome Co

FATHER M L Lewis

FILE NO. 112747 106675

DATE OF BIRTH Oct 21, 1922.

SEX OF CHILD Male

MOTHER Iona Foster
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Robert Eugene Lewis

RECEIVED
NOV 1923
BUREAU OF VITAL STATISTICS

Mrs M. L. Lewis

Signature of Father or Mother.

MAR 7 1949

NOT

453-224 — 627-434

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Registration District No. 23

Primary Registration District No. 1017 2017

File No. 106677

Registered No. .....

Hospital Home

FULL NAME OF CHILD MELBA RUTH DELLINGER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Twin and	3rd	yes	Oct. 24th 22

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Ray Dellinger	FULL MAIDEN NAME Pearl L. McDonald
RESIDENCE Jerome	RESIDENCE Jerome
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 30 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M D
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

....
Registrar.

Filed Dec 12 1922 E D Pyper M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1922-112748

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 106677

State of Calif. } ss.
County of Los Angeles }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for (unnamed) (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 24, 1922 (DATE OF EVENT) in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	[redacted] Melba Ruth Dellinger

Subscribed and sworn to before me this 15th day of January, 1943.

Notary Public, residing at

My commission expires
(SEAL)

Signed Ray Dellinger (FATHER)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

147 Layman Rio Vista Calif
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of January, 1943.

Notary Public, residing at

My commission expires
(SEAL)

Signed Glenn A Dellinger
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

449 East Isabel St Rio Vista Calif
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 19 1943 By
(REGISTRAR'S SIGNATURE)

JAN 2 0 1943

691-227.028-465

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 1922

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida

No. ..... St.

Registration District No. 330

File No. 100078

Hospital .....

Primary Registration District No. 1051

Registered No. 1426

FULL NAME OF CHILD Evelyn Lucille Frandsen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept. 27 (Day) 1922 (Year)
Female		Yes	

What bactericidal solution was used in eyes? 10% Argyrol Sol.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Mathias Frandsen	FULL MAIDEN NAME	
RESIDENCE	~~Coeur d'~~ Medicine Lake, Montana	RESIDENCE	Medicine Lake, Montana
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Iowa.	BIRTHPLACE	Nebraska.
OCCUPATION	Merchant.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John N. Coody Jr.
(Physician or midwife)

Address Coeur d'Alene, Idaho.

Filed DEC. 2 1922 D D Drennan
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

24 1942

864-224-028-2

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Registration District No. 30 File No. 106679

Hospital ..... Primary Registration District No. 7051 Registered No. 1425

FULL NAME OF CHILD Aletha Mae Young
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept 24 (Day) 1922 (Year)
Female		yes	

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Geo Frederick Young	FULL MAIDEN NAME	Idella Josephine Barnes
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mich.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer H.
Physician
(Physician or midwife)

Address Coeur d'Alene, Idaho

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Filed DEC 2 1922 D. D. DREN NAN
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1942

JUN 15 19[illegible]

FEB 2 1944

695-200-028-862

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 8 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Registration District No. 30 File No. 106680

Hospital ..... Primary Registration District No. 1051 Registered No. 1424

FULL NAME OF CHILD Margaret Katherine Fields
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Sept 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm Henry Fields	FULL MAIDEN NAME	Johanna Christina Hosman
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mich.	BIRTHPLACE	Holland
OCCUPATION	Printer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Dwyer Jr.
Physician
(Physician or midwife)

Address Coeur d'Alene, Ida

Filed DEC. 2 1922 D. D. DRENNAN
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 8 1963

363 102 828 315

PLACE OF BIRTH

RECEIVED DEC 8 1922 BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 1066

County of Kootenai

City of Coeur d Alene

No. 1014 Wallace St. Registration District No. 30

Hospital ..... Primary Registration District No. 1051 Registered No. 1423

FULL NAME OF CHILD Edward Martin Coello

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one (To be answered only in event of plural births)	one	yes	Sept 2 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Samuel M Coello	Gertrude Eva Jamer
RESIDENCE	Coeur d Alene Idaho	Coeur d Alene
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	31	21
BIRTHPLACE	Germany	Montana
OCCUPATION	Lumber loader	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) W. H. Haldeen

Physician

(Physician or midwife)

Address Coeur d Alene

Date Dec 2 1922

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759-127-028-653

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 8 1922

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 1014 St Marie St.

Registration District No. 30

File No. 106682

Hospital

Primary Registration District No. 1057

Registered No. 1422

FULL NAME OF CHILD Leo Charles Perrault
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	one		one	yes	Aug	27	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leo Frederick Perrault	FULL MAIDEN NAME	Edna Lucy Wells
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	North Dakota	BIRTHPLACE	Montana
OCCUPATION	Printer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Holden

Physician
(Physician or midwife)

Give names added from a supplemental report.

Address CDA

....., 19....

Registrar.

Filed DEC 2 1922 DDD RENNAN
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 15 1949

759-118-028-245

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 1320 C. St.

Registration District No. 30

File No. 106683

Hospital

Primary Registration District No. 1051

Registered No. 1421

FULL NAME OF CHILD Herbert Bertle Person
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Aug. 18 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Albert L. Person	FULL MAIDEN NAME	Beda Sundquist
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Carpenter	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Dwyn
Phys
(Physician or midwife)

Address Coeur d'Alene Ida

Filed Dec 2 1922 D. D. Drennan
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 106683
Date Filed [illegible] 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Herbert Bertle Person, (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Aug. 18th, 1922 (DATE OF EVENT)
in Coeur d' Alene, (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by official records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Kootenai County, (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Herbert Bertile Person	Herbert Bertle Person
birthdate	August 17, 1922	August 18, 1922
mother's name	Beda Sunquist	✓ Beda Sundquist

Subscribed and sworn to before me this 31st day of March, 1942

Notary Public, residing at Coeur d' Alene,
My commission expires Sept. 20th, 1945
(SEAL)

Signed Albert Person
(SIGNATURE OF APPLICANT OR PARENT IF APPLICANT IS UNDER AGE OF 21 YEARS; IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Father of applicant.
1320 C. Street,
Coeur d' Alene, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Kootenai }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of March, 1942

Notary Public, residing at Coeur d' Alene, Idaho,
My commission expires Sept. 20th, 1945
(SEAL)

Signed ✓ Beda Sundkvist Person
(SIGNATURE OF PERSON OTHER THAN APPLICANT)
Mother of applicant.
1320 C. Street,
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 29 56

296-108-028-766

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106684

County of Kootenai

City of Coeur d Alene

No. 1802 Melrose St.

Registration District No. 30 File No.

Hospital

Primary Registration District No. 1951 Registered No. 1420

FULL NAME OF CHILD Wallace Marion Brouson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	one	yes	Aug 8 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Marion Brouson	FULL MAIDEN NAME	Lotta Jane Powell
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Mill man	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Holden
Physician
(Physician or midwife)

Address Coeur d Alene

Filed DEC 2 1922 D D Brennan
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1950

435-127-028-445

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

No. St.

Hospital

Registration District No. 30 File No. 106686

Primary Registration District No. 1051 Registered No. 1418

FULL NAME OF CHILD John Al McNeil
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	one	yes	July 27 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	John Henry McNeil	FULL MAIDEN NAME	Viola Monroe
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ontario	BIRTHPLACE	Michigan
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden
Physician
(Physician or midwife)

Address Coeur d'Alene Ida

Filed Dec 2 1922 D L Drennan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-125-028-299

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

No. St.

Hospital

Registration District No. 30 File No. 106687

Primary Registration District No. 1051 Registered No. 1417

FULL NAME OF CHILD XXXXXXXXXXXXXXXXXXX KEITH WILLIAM MONAGHAN
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	one	yes	July 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm George Monaghan	FULL MAIDEN NAME	Irene Edna Kirpatrick
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Michigan	BIRTHPLACE	Aberta Canada
OCCUPATION	Lumber man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Dec 1 1922 D E Kirkman
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Hood River }

OCT 30 19[illegible]

Certificate No. 106687

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Monaghan (Name on original certificate) who was born (Was born or died) on July 25th 1922 (Date of event)
in Coeur D'Alene, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance Policy (Bible record, insurance policy, etc.) prepared on July 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Monaghan	Keith William Monaghan

Subscribed and sworn to before me this 25th
day of October 1941

Notary Public, residing at Hood River, Oregon

My commission expires May 14 1945
[SEAL]

Signed W. S. Monaghan
(Signature of parent or attendant of correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

234-119-028-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 5 1922

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. N- 4th St. St.

Registration District No. 30 File No. 106688

Hospital —

Primary Registration District No. 1051 Registered No. 1486

FULL NAME OF CHILD Ferris Clayton Blumberg
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one		one	yes	July 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ferris Sibley Blumberg	FULL MAIDEN NAME	Erma Blanch
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Mill Man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address [illegible]

Filed DEC 1 1922 D D Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 13 1957

314-118-028-154

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 1922 VITAL

CERTIFICATE OF BIRTH 106689

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Registration District No. 30 File No. .....

Hospital .....

Primary Registration District No. 1051 Registered No. 1413

FULL NAME OF CHILD Leonard Marinus Larsen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one (and)	one (To be answered only in event of plural births)	yes	July 18 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth, one. Number of child of this mother now living, including present birth, one.

FATHER		MOTHER	
FULL NAME	Carl Anton Marinus Larsen	FULL MAIDEN NAME	Helma Maria Anderson
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Finland
OCCUPATION	Mill Man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden
Physician
(Physician or midwife)

Address Coeur d'Alene, Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 1 1922 D D Brennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1942

024-110-028-1/8

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 5 1922 VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. 1209 - 5th St. Registration District No. 30 File No. 106690

Hospital Primary Registration District No. 105 Registered No. 1414

FULL NAME OF CHILD Patrick Osmond Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one (To be answered only in event of plural births)	one	yes	July 10 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Patrick Osmond	FULL MAIDEN NAME	Lenora Mayer
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Idaho
OCCUPATION	Molderman	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Hoedemaker

Physician
(Physician or midwife)

Address Coeur d' Alene, Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec 1 1922 D D Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-227-028-266

RECEIVED
DEC 8 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 812 Wallace St.

Registration District No. 30

File No. 106691

Hospital

Primary Registration District No. 1151

Registered No. 1413

FULL NAME OF CHILD Betty Clare MacArthur
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one		one	yes	June 27 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Claire Wayne MacArthur	FULL MAIDEN NAME	Emma Marie Bookwalter
RESIDENCE	Tacoma Wash	RESIDENCE	Tacoma Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Banking	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Address C D Alene

Filed Dec 1 1922 D L D Freeman
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 9 1975

962-127-828-151

PLACE OF BIRTH

County of Boot

City of CDA

No. ..... St.

RECEIVED DEC 8 1922 VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 106692

Hospital ..... Primary Registration District No. 1051 Registered No. 1412

FULL NAME OF CHILD Edward Peter Rosenlund
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	one		one	yes	Aug.	27	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Axel M. Rosenlund	FULL MAIDEN NAME	Alice Margarette Jeanerott
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wisconsin	BIRTHPLACE	Minnesota
OCCUPATION	Yard Foreman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Address CDA

Filed Dec. 1 1922 D D Drennan
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

FEB 6 19

Certificate No. 106692

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of May 22, 1922 (BIRTH OR DEATH)
for Edward Peter Rosenlund (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on August 27, 1922 (DATE OF EVENT)
in Coeur d'Alene (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Alice M. Rosenlund (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on February 5, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
birth date	May 27, 1922	August 27, 1922

Subscribed and sworn to before me this 5th day of February, 19 42

Notary Public, residing at Coeur d'Alene

My commission expires 3-22-1944
(SEAL)

Signed Alice M. Rosenlund
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1127 Mill St. Coeur d'Alene, Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed Josephine C. Norton
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 6 19[illegible] By
(REGISTRAR'S SIGNATURE)

49K 115-028-296 child's name added 9-17-87 lh

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai DEC 1922

City of Coeur d'Alene

No. ____ St. Registration District No. 30 File No. 106694

Hospital ____ Primary Registration District No. 1051 Registered No. 1153

FULL NAME OF CHILD Betty Louise Drumheller

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Nov. (Day) 15 (Year) 1922
		yes	

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME Chas C Drumheller	FULL MAIDEN NAME Mabel Louise Brown
RESIDENCE Coeur d'Alene, Ida	RESIDENCE Coeur d'Alene, Ida
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Mont
OCCUPATION Logging Contractor	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Munger, M.D.
Physician
(Physician or midwife)

Address Coeur d'Alene, Ida

Give names added from a supplemental report.

....., 192.....

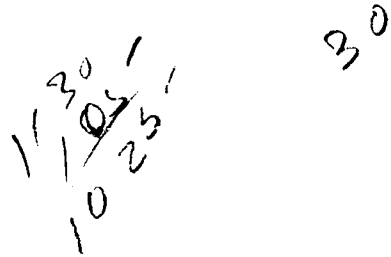
.....
Registrar.

Filed Dec 5 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



7-17-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

RECEIVED

AUG 10 1987

VITAL STATISTICS UNIT

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Kootenai } ss.

Certificate No. 106694
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Drumheller (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 15, 1922 (Date of Event)

in Coeur d'Alene (Kootenai) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Betty Louise Drumheller

Subscribed and sworn to before me this 3rd day of October, 1984

Notary Public, Diane M. McCaroll
Residing at Coeur d'Alene, Idaho
My commission expires August 15, 1987
(Seal)

x Mrs Thomas L. Reagan
Signature of Applicant

x 6805 E Templin Trail
Street Address, City, State
Coeur d'Alene, Ida. 83814

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash
County of Spokane } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of August, 1987.

Notary Public, [signature]
Residing at Spokane
My commission expires 12/7-88
(Seal)

Lillian Brown
Supporting Signature

S. 1522 Pierce Rd. Spokane. Wa.
Street Address, City, State

1 cc pd

Statement from Holy Names Academy in Spokane, WA signed by Sister M. Francina Reinert - Registrar gives name of student as Betty Louise Drumheller / registered for freshman class on Sept. 27, 1938.
Viewed by V.S.

Certificate of birth of Judith Ann mosher born April 17, 1942 in Wallace, ID S.F.#345821 gives name of mother as Betty Drumheller.
Viewed by V.S.

914-220-028-361

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 8 1922
BUREAU OF VITAL STATISTICS

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

106695

Registration District No. 30 File No. .....

Primary Registration District No. 1051 Registered No. 1452

FULL NAME OF CHILD Helen M. Ramey

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of birth Nov. 20 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Simon Andrew Ramey	FULL MAIDEN NAME	Margaret Coates
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	S. Carolina	BIRTHPLACE	Iowa
OCCUPATION	C. Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer Jr.

Physician (Physician or midwife)

Address Coeur d'Alene Ida

Filed Dec 7 1922 B. D. Drenna Registrar.

Give names added from a supplemental report.

....., 192....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 20 1954

254 [redacted] 28-369

PLACE OF [redacted]

RECEIVED [redacted] 1922 [redacted] 6696

County of Koo[redacted]

City of Coeu[redacted]

No. ..... St. ..... File No. .....

Hospital ..... Primary Registration District No. 1057 Registered No. 1115

FULL NAME OF CHILD Betsy Christine Bernhardt

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Nov. 13 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Christian Bernhardt	FULL MAIDEN NAME	Alice Torgler
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Mining Man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer H.

Physician (Physician or midwife)

Address Coeur d'Alene, Ida.

Filed ..... 1922 ..... Registrar.

Give names added from a supplemental report.

....., 192....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Kootenai DEC 3 1922 BUREAU OF VITAL STATISTICS

City of Coeur d'Alene VITAL STATISTICS

CERTIFICATE OF BIRTH

No. ____ St. Registration District No. 30 File No. 106697

Hospital ____ Primary Registration District No. 1951 Registered No. 1152

FULL NAME OF CHILD Henry Paul Phillips
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Nov. 12 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Melvin Ernest Phillips	FULL MAIDEN NAME	Mary Gertrude Marshall
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida.
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	N. Dak.	BIRTHPLACE	Mo.
OCCUPATION	Engineer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Murphy M.D.
R. Lyndon
(Physician or midwife)

Address Coeur d'Alene, Ida.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Dec 5 1922 L. D. Drennan
Registrar.

[redacted]

SEP 6 1963

NOV 13 1942

633-110-028-114

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

RECEIVED DEC 8 1922 BUREAU OF VITAL STATISTICS

No. ..... Registration District No. 30 File No. 106698

Hospital ..... Primary Registration District No. 1051 Registered No. 1449

FULL NAME OF CHILD Henry James Ott
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Nov. 10 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Henry Ott	FULL MAIDEN NAME	Martha M. James
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Russia	BIRTHPLACE	Mich.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer H.
Physician
(Physician or midwife)

Address Coeur d'Alene, Ida

Filed Dec. 5 1922 D. D. Drennan
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1972

APR 2 2 1948

154-227-028-293

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH -106701

County of Kootenai

City of Coeur D'Alene
Idaho

Registration District No. 30

File No.

No. St.

Primary Registration District No. 1081

Registered No. 1446

Hospital

FULL NAME OF CHILD BARBARA Mary Andres.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov. 27 1922

FATHER		MOTHER	
FULL NAME	Carl Andres	FULL MAIDEN NAME	Elizabeth Kilborn
RESIDENCE	Coeur d Alene Ida	RESIDENCE	Coeur d Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wisconsin	BIRTHPLACE	Penn
OCCUPATION	Laborer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Brenna

(Physician or midwife)

Address Coeur d Alene Ida

Given names added from a supplemental report. 19

Filed Dec 2 1922 D D Brenna

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah }

Certificate No. 106761

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Barbara Mary Andree (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Nov. 27, 1922 (DATE OF EVENT)
in Coeur d'Alene (PLACE OF EVENT), Ida., are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Barbra Mary Andres	Barbara Mary Andres
Place of birth	Omitted	Coeur d'Alene, Ida.

Subscribed and sworn to before me this 13 day of May, 1942.

Notary Public, residing at Potlatch, Idaho

My commission expires December 10, 1943
(SEAL)

NOTARY PUBLIC residing at Potlatch, Idaho
My commission expires December 10, 1943

Signed Mrs. Elizabeth Andree
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

POTLATCH. IDAHO
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 18 1942

433-119-028-943

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene

Registration District No. 30

File No. 106702

No. ..... St.

Primary Registration District No. 1057 Registered No. 14145

Hospital .....

FULL NAME OF CHILD David Merrell McCullom

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 19 1922

FATHER	MOTHER
FULL NAME Floyd N. McCullom	FULL MAIDEN NAME Ruby Pulford
RESIDENCE Coeur d Alene	RESIDENCE Coeur d Alene
COLOR White. AGE AT LAST BIRTHDAY 22 (Years)	COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Idaho.
OCCUPATION Laborer	OCCUPATION Home wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7 P M. on the date above stated.
(Born alive or stillborn)

(Signature) D D Brennan

(Physician or ~~midwife~~)

Address Coeur d Alene Ida

Filed Dec 12 1922 D D Brennan
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-116-028-293

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED DEC 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No. 106703

No. ..... St.

Primary Registration District No. 1051 Registered No. 1444

Hospital .....

FULL NAME OF CHILD Arlie James Wilson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male			1	Yes	Nov. 16 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. C. Wilson	FULL MAIDEN NAME	Bessie Bittleton
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. D. D. Drennan

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d'Alene

Filed Dec 2 1922 D. D. Drennan Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

662-211-028-431

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED DEC 6 1922 VITAL

CERTIFICATE OF BIRTH

106704

County of Kootenai

City of Coeur d Alene

Registration District No. 30 File No.

No. St.

Hospital

Primary Registration District No. 059 Registered No. 14143

FULL NAME OF CHILD Isabelle Noreen Foster

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Female				Yes	11 - 11 - 22

FATHER		MOTHER	
FULL NAME	John Foster	FULL MAIDEN NAME	Florence McAbee
RESIDENCE	Cda.	RESIDENCE	Cda
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Mich.	BIRTHPLACE	Mich.
OCCUPATION	Mill Labor	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 4 M. on the date above stated.

(Signature) A. D. Brennan M.D.

(Physician or midwife)

Address Coeur d Alene Ida

Filed Dec 2 19 22 A. D. Brennan Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1952

553209-228-289

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Kootenai

CERTIFICATE OF BIRTH

106705

City of Coeur d Alene Registration District No. 30 File No.

No. St.

Primary Registration District No. 1054 Registered No. 14442

Hospital

FULL NAME OF CHILD Pauline Louise Nelson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
~~Female~~ Male				Yes.	Mar 9 1922

	FATHER	MOTHER
FULL NAME	Julius Nelson.	FULL MAIDEN NAME Mildred Shiff.
RESIDENCE	Coeur d Alene.	RESIDENCE Coeur d Alene.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	21	17
BIRTHPLACE	Mich.	BIRTHPLACE Col
OCCUPATION	R.R. Laborer	OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, (Born alive or stillborn) at 2.9, M. on the date above stated.

(Signature) D D Brennan

(Physician or ~~midwife~~)

Address Coeur d Alene

Filed Dec 2 1922 D D Brennan
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-230 028-168

PLACE OF BIRTH amend 4-15-82

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida

No. ..... St. Registration District No. 30 File No. 106706

Hospital ..... Primary Registration District No. 1051 Registered No. 6441

FULL NAME OF CHILD Betty Jean Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of birth (Month) (Day) (Year)
Female		Yes.	Sept 30 1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Walter Smith	FULL MAIDEN NAME	Bertha Johnson
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mo.	BIRTHPLACE	Washington
OCCUPATION	Lumberman - Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:55 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John F. Wood Sw
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address CDA

Filed Dec 2 1922 D D Drennan
Registrar.

WRITE PLAINLY ... N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-25-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } ss. APR 13 4 34 PM '82

Certificate No. 106706
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Bettie Jean Smith (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-6-22 (Date of Event)

in Coeur d'Alene (Kootenai) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs first name	Bettie	Betty
childs birth date	11-6-22	9-30-22

Subscribed and sworn to before me this 31st day of March, 1982

Notary Public, Don M Davis

Residing at JACKSON CO., MISSOURI

My commission expires 5-4-84

(Seal)

DON W. DAVIS
Notary Public - State of Missouri
Commissioned in Jackson County
My Commission Expires May 4, 1984

Betty Jean Smith
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Board of Registration Certificate of Registration gives Betty Joan Smith born 9-30-22 . Certificate dated 7-27-54. Viewed by V.S.

APR 15 1982.

Metropolitan Life Ins. Co. gives Betty J Smith born 9-30-22 in Idaho s insured. Record dated 12-12-45 Policy # 15-797 288A Viewed by V.S.

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 106707
Local Reg. No.
Reg. Dist. No. 30

Amended 4/21/76

1. PLACE OF BIRTH
a. COUNTY: Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene,
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Warren b. (Middle): Lyle c. (Last): DePoe

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Nov 6, 1922

FATHER OF CHILD

7. FULL NAME a. (First): Everett b. (Middle): c. (Last): DePoe

8. AGE (At time of this birth): 22 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Idaho
10. USUAL OCCUPATION: Labr. Mill
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Etta b. (Middle): c. (Last): McConnell

13. AGE (At time of this birth): 19 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D. D. Drennan
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Coeur d'Alene
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Dec 2, 1922
22. REGISTRAR'S SIGNATURE: D. D. Drennan
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

~~Was a test for phenylketonuria performed?~~ ~~YES~~ ~~NO~~ ~~DATE~~

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS ____ OZS. Time: 3 AM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 17 12 16 PM '76

State of ..... } ss.
County of .....

Certificate No. 106707

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Dempsey D. Depoe (Name on Original Certificate) who was born (Was Born or Died) on Nov 5, 1922 (Date of Event)

in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Dempsey D. Depoe	Warren Lyle DePoe

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of Whitmas

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of March 1976

Notary Public, residing at Ellensburg

My commission expires 4-11-77

(Seal)

Signed Etta M Calvisky "mother"
(Signature of Any Credible Person)

Box 122 Thorp, Wash 98946
(Street Address, City, State)

FORM DH 60-155

CL 12/19/75 lcc pd. rec. # 1500

Honorable Discharge from the U.S. Army gives name as Warren Lyle DePoe born Nov 6, 1922 at Coeur d'Alene, Idaho. date of separation ~~gixesxnamexxs~~ given as Sept 3, 1951. viewed by V. S.

Certif of Marriage from Washington gives name as Warren Lyle DePoe and Shirley LaLone. Nov 6, 1948. viewed by V. S.

291-102-028-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Kootenai

City of Coeur d'Alene

DEC 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. 30 File No. 106708

Hospital ..... Primary Registration District No. 105 Registered No. 1439

FULL NAME OF CHILD John Martin Braune
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Nov 2 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Paul G Braune	FULL MAIDEN NAME	Genevieve Mary Garvey
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Germany	BIRTHPLACE	Quebec, Canada
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer H.
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Coeur d'Alene, Ida

Filed Dec 2 1922 D. D. Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]

DEPARTMENT OF PUBLIC WELFARE

[illegible] Labor [illegible]

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
City Coeur d'Alene
St. Mont.
County

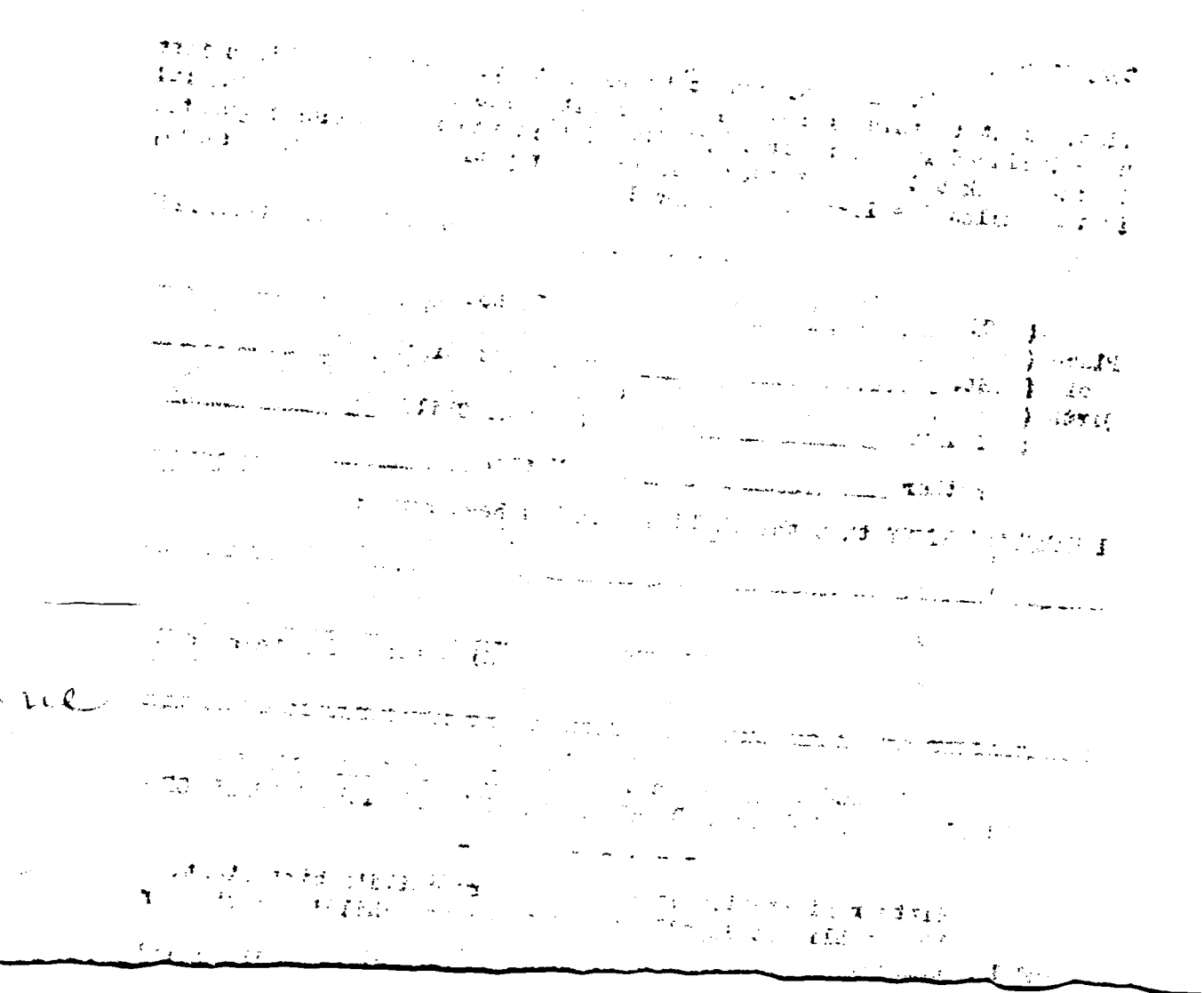
File No. 106708
Date of Birth Nov. 2-1922
Sex of Child Male

Father Paul Braune
Mother Mary Genevieve G. Braune

I HEREBY CERTIFY that the child herein has been named:

John Martin Braune

Genevieve G. Braune
Signature of Father or Mother.



213-201-028-249

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene

Registration District No. 30 File No. 106709

No. ..... St.

Primary Registration District No. 1051 Registered No. 1438

Hospital .....

FULL NAME OF CHILD Abbie Marie Galaskeiders

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 1 1912

FATHER		MOTHER	
FULL NAME	Hermann Galaskeiders	FULL MAIDEN NAME	Audrey Hartmann
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Woodsman	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 A. M. on the date above stated.

(Signature) D D Brennan

(Physician or midwife)

Address Coeur d Alene

Filed Dec 2 1912 D D Brennan Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and thereafter of each, in order of birth stated.

Certified Copy Issued October 22, 1970.

613-101-028 753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 205 Indiana St. Registration District No. 30 File No. 106710

Hospital Reed's Primary Registration District No. 1051 Registered No. 1437

FULL NAME OF CHILD Robert Jack Wachter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	one	yes	Nov 1 1927

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Glenn Frederick Wachter	Mildred Anna Peterson
RESIDENCE	Hilbert Washington	Coeur d'Alene
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Hilbert Washington	Michigan
OCCUPATION	Rancher	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P M. on the date above stated.
(Born alive or stillborn)

(Signature) W. H. Holden

Physician
(Physician or midwife)

Address

Filed Dec 2 1927 D. D. Brennan
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 9 1973

JUN 3 0 1943

219-131-028-749

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Idaho

No. ..... St. Registration District No. 30 File No. 106711

Hospital ..... Primary Registration District No. 1057 Registered No. 14137

FULL NAME OF CHILD William Ernest Baird.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	Oct. 31 1922

What bactericidal solution was used in eyes? 10% Argyrol Sol.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ernest Baird.	FULL MAIDEN NAME	Bertha Purdy
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ontario	BIRTHPLACE	Michigan
OCCUPATION	Laborer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 8:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John N. Cook

(Physician or midwife)

Address Coeur d'Alene, Ida

Filed Dec 2 1922 [illegible] Drennan
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1969

DEC 26 1941

433-123-028-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of

No. St.

Registration District No. 30 File No. 106712

Hospital

Primary Registration District No. 1051 Registered No. 1435

FULL NAME OF CHILD Henry William McClurg
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Oct. 23, 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Oliver S. McClurg	FULL MAIDEN NAME	Janie M. Rose
RESIDENCE	Post Falls, Ida. R1.	RESIDENCE	Post Falls, Ida. R-1.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nebr.	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Address Rathdrum, Ida.

Filed Dec 2 1922 D D Brennan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-120-028386

PLACE OF BIRTH

RECEIVED
DEC 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106713

County of Kootenai

City of

No. St.

Registration District No. 30 File No.

Hospital

Primary Registration District No. 1051 Registered No. 1434

FULL NAME OF CHILD Edward Banka
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Oct. 20 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	George E. Banka	FULL MAIDEN NAME	Verna L. Thomas
RESIDENCE	Rathdrum, Ida. R. 2	RESIDENCE	Rathdrum, Ida. R. 2
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	S. Dak.	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Stern
Physician
(Physician or midwife)

Address Rathdrum Ida.

Filed Dec 2 1922 D. F. Drennan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1942

OCT 4 1945

MAR 19 1952

365-216-028-866

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106714

RECEIVED
DEC 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of

No. St.

Registration District No. 30 File No. [illegible]

Hospital

Primary Registration District No. 1051 Registered No. 1433

FULL NAME OF CHILD Cleo Eleanor Tonn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Oct. 16. 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Daniel Tonn	FULL MAIDEN NAME	Sophie M. Hoffman
RESIDENCE	Rathdrum, Ida. R.1.	RESIDENCE	Rathdrum, Ida R.1.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	N. Dak.	BIRTHPLACE	Minn.
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11.20 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician
(Physician or midwife)

Address Rathdrum, Ida.

Filed Dec 2 1922 D. L. Drennan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-114-028-562

PLACE OF BIRTH

RECEIVED DEC 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of

No. St.

Registration District No. 31 File No. 106715

Hospital

Primary Registration District No. 1051 Registered No. 1432

FULL NAME OF CHILD Lyle Louis Brouillard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Oct. 14, 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Albert R. Brouillard	FULL MAIDEN NAME	Myrtle M. Voss
RESIDENCE	Hayden Lake, Ida	RESIDENCE	Hayden Lake - Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mont.	BIRTHPLACE	Wis.
OCCUPATION	laborer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Ness
Physician
(Physician or midwife)

Address Rathdrum Idaho

Filed Dec 2 1922 D D Brennan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-114-028-312

PLACE OF BIRTH

RECEIVED
DEC 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of

No. St.

Registration District No. 30 File No. 106716

Hospital

Primary Registration District No. 1051 Registered No. 1431

FULL NAME OF CHILD Robert Charles Bates
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Oct. 14. 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Roy Richard Bates	FULL MAIDEN NAME	Florence G. Lake
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wash.	BIRTHPLACE	Conn.
OCCUPATION	laborer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Stenz
Physician
(Physician or midwife)

Address Rathdrum, Ida.

Filed Dec. 2 1922 D. D. Drennan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

26-111028-349

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of

No. St.

Registration District No. 30 File No. 106717

Hospital

Primary Registration District No. 1051 Registered No. 14 30

FULL NAME OF CHILD Theodore Swanson

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Oct 11 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Edward A. Swanson	FULL MAIDEN NAME	Maude L. Curnutt
RESIDENCE	Rathdrum, Ida.	RESIDENCE	Rathdrum, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kans.	BIRTHPLACE	Mo.
OCCUPATION	R.R. Signal maintainer	OCCUPATION	house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 8.30 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Frank Young

Physician
(Physician or midwife)

Address Rathdrum, Ida.

Filed Dec. 9 1922 D.D. Grinnan
Registrar.

295-204-028-269

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida.

No. ..... St. Registration District No. 30 File No. 106718

Hospital ..... Primary Registration District No. 105 Registered No. 1429

FULL NAME OF CHILD Ruth Gretchen Sinrud.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes.	Oct 4 1922

What bactericidal solution was used in eyes? 1% Argyrol.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Peter L. Sinrud.	FULL MAIDEN NAME	Gunda Sarlie
RESIDENCE	Fernwood, Idaho	RESIDENCE	Fernwood, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38.	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Supt. Logging operations	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John T. Coodes

(Physician or midwife)

Address Coeur d'Alene Ida

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Filed Dec 2 1922 D D Drinnan
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 [illegible]

713-201.028-297

PLACE OF BIRTH

County of Kootenai Co.

City of Coeur d'Alene, Ida.

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RE... DEC 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 106719

Primary Registration District No. 1051 Registered No. 1425

FULL NAME OF CHILD Marjorie Claire Palmerton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes.	Oct 1 1922

What bactericidal solution was used in eyes? 10% Argyrol Sol.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Wm Palmerton	FULL MAIDEN NAME	Mazye Kipp
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Pharmacist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 4:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John N. Woodson
(Physician or midwife)

Address Coeur d'Alene, Ida.

Filed Dec 2 1922 D D Kennan
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAIN. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 19 1944

419-129.028.613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida.

No. ..... St.

Registration District No. 30

File No. 106720

Hospital .....

Primary Registration District No. 1051

Registered No. 1427

FULL NAME OF CHILD ~~Louis~~ Walter LOUIS MARSHALL
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 29 1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles B. Marshall	FULL MAIDEN NAME	Addie Walker
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Illinois
OCCUPATION	Fireman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John T. Wood
(Physician or midwife)

Give names added from a supplemental report.

..... 192....

..... Registrar.

Address Coeur d'Alene, Ida.

Filed Dec 2 1922 D D Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK — IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

OCT 15 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 106720

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Walter Louis Marshall (Birth or ~~Death~~) for Louis W. Marshall (Name on Original Certificate) who (Was Born or ~~Died~~) on Dec 2 1922 (Date of Event) in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Louis W.	Walter Louis Marshall born on
September 29th, 1922		

Subscribed and sworn to before me this 13th day of October 19 42

Notary Public, residing at Macleod, Alberta

My commission expires at the pleasure of His Majesty (Seal)

Signed Addie Marshall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Spring Point, Alberta
(Street Address, City, State)

Province

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Alberta } ss.
District of Macleod
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of October 19 42

Notary Public, residing at Macleod, Alberta

My commission expires at pleasure of His Majesty (Seal)

Signed Charles P Marshall
(Signature of Any Credible Person Other Than Previous Year)

Spring Point, Alberta
(Street Address, City, State)

OCT 16 1942

815-124-028-684

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106721

County of Kootenai

City of Rose Lake

Registration District No. 126 File No. 7

No. ..... St.

Primary Registration District No. 2204 Registered No. 16

Hospital .....

FULL NAME OF CHILD Paul Iver Hanson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Nov 24 1922

FATHER		MOTHER	
FULL NAME	Arvid Hanson	FULL MAIDEN NAME	Elsie Marie Ohman
RESIDENCE	Rose Lake	RESIDENCE	Rose Lake
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rose Lake Idaho

Registrar

Filed 12-1 1922 J. W. Bunny
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1942.

296-205-028-43

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106722

County of Kootenai

City of Harrison DEC 1922

No. ..... St. JUR

Registration District No. 126 File No. .....

Hospital ..... Primary Registration District No. 2204 Registered No. 15

FULL NAME OF CHILD Lila Marie Bronsen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	11-5-22

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Samuel Thair Bronsen	Bertha May Mallhews
RESIDENCE	Harrison Ida	Harrison, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Copan Ind Territory	Moscow, Idaho
OCCUPATION	Lumber Grader	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Fanny M D
(Physician or midwife)

Address Harrison

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 12-1 1922 J M Fanny
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-124-029-363

Form V. S. No. 11-C—20m-9-8-17

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

...CE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

Registration District No. 62

File No. 106723

Primary Registration District No. 2142

Registered No. 10

FULL NAME OF CHILD William James Herman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Sept 24 1922

FATHER		MOTHER	
FULL NAME	Thomas Henry Herman	FULL MAIDEN NAME	Lyda Lockridge
RESIDENCE	Genesee Ida	RESIDENCE	Genesee Ida
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Washington	BIRTHPLACE	Nebraska
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn-child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Perkins

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 18 1922

W. H. Ehem
Registrar

MARGIN RE... FOR BINDING

WRITE PLAINLY WITH UNFADING IN... THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

SEP 29 1947

MAR 7 1947

893 224 029.168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

NOV 15 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

Registration District No. 62

File No. 106724

No. ..... St.

Primary Registration District No. 2142

Registered No. 9

Hospital .....

FULL NAME OF CHILD Ida Jane Hillman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fe		Yes	Sept 24 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Samuel Hillman	FULL MAIDEN NAME	Mabel Leona Johnson
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee Idaho
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	New Hampshire	BIRTHPLACE	Genesee Idaho
OCCUPATION	School teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Twomey M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 18 1922 W. H. Ehlen

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]

DEPARTMENT OF PUBLIC WELFARE

[illegible]

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full names included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth (City Genesee
(St. _____
(County Latah

File No. 106724

Date of Birth Sept. 24, 1922

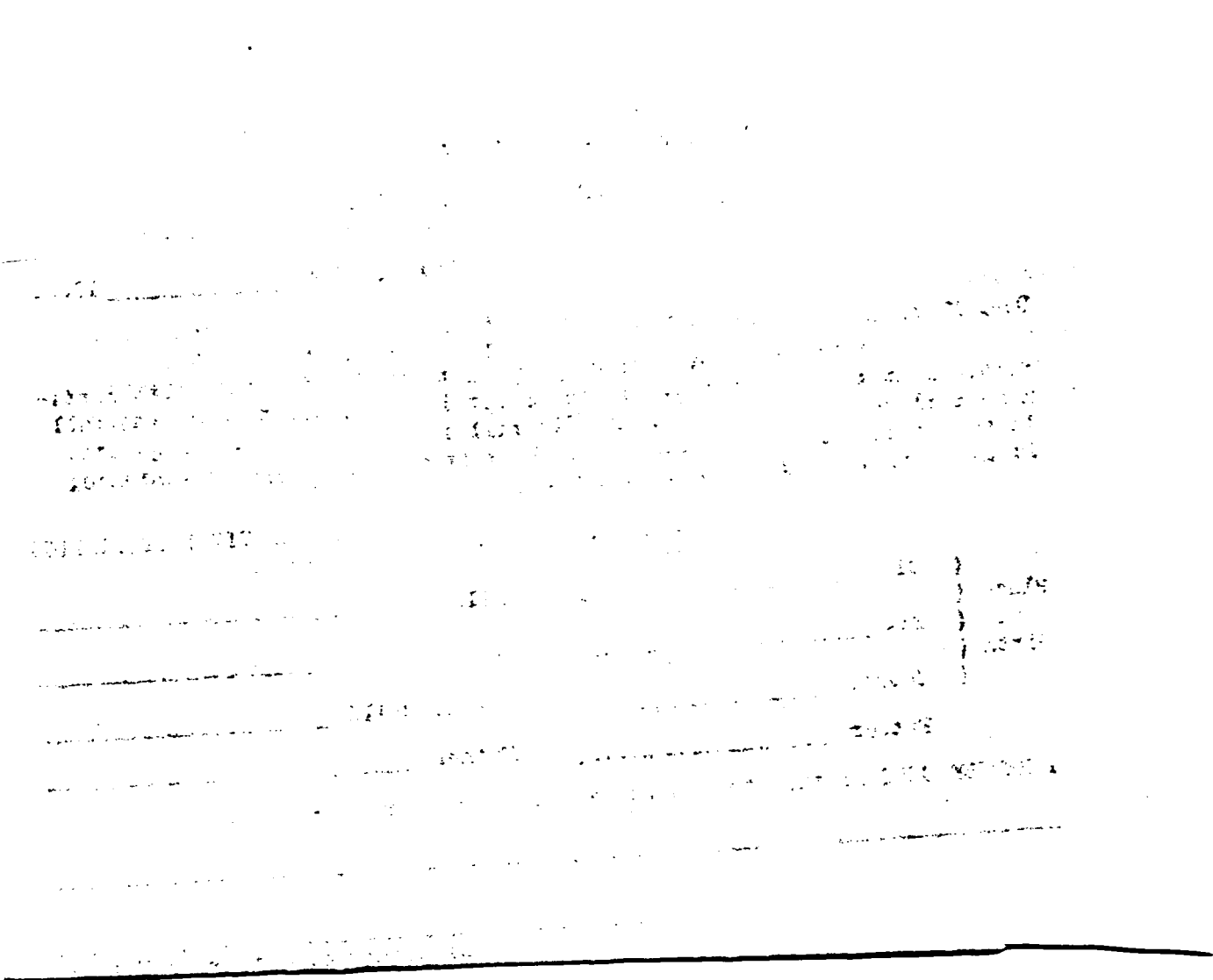
Sex of Child Female

Father Arthur S. Mother Mabel Leona

I HEREBY CERTIFY that the child herein has been named:

Ida Jane Hillman

Arthur S. Hillman
Signature of Father or Mother.



523-2021029-343

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Viola

No. ..... St.

Hospital .....

Registration District No. 65

File No. 106725

Primary Registration District No. 2145

Registered No. .....

FULL NAME OF CHILD Juanita May Estes

Sex of Child female | Twin Triplet or other? r and Number in order of birth r (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Willis Estes	FULL MAIDEN NAME	Blanche Cullen-Estes
RESIDENCE	Viola Ida	RESIDENCE	Viola Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Ill
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. K. Wolfe, M.D.

(Physician or midwife)

Address Palouse Wash

Given names added from a supplemental report.

..... 19.....

Filed Nov 4th 1922 Dr. J. W. Thompson

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-106-029, 436 RE

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. 920 Cedar St.

Registration District No. 65

File No. 106726

Primary Registration District No. 2145

Registered No.

Hospital

FULL NAME OF CHILD McDoughes Benson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	r		r	Yes	Nov 6 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry W. Benson	FULL MAIDEN NAME	Lena McFarling
RESIDENCE	Potlatch, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ida	BIRTHPLACE	Neb.
OCCUPATION	R.R. Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. K. Wolfe M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Palouse Wash.

19

Filed Nov 8th 1922

Dr. J. W. Thompson

Registrar

Registrar

S-Y-CO 36071

JUN 18 19

231-222-029-493

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah.

City of Potlatch

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 106727

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Leona Lucile Stark.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓		✓	yes.	Oct 22 1922

FATHER		MOTHER	
FULL NAME	Floyd B. Stark.	FULL MAIDEN NAME	Bernice Dillon
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 5 A. M. on the date above stated.

(Signature) Dr Jas. Thompson

M D.

(Physician or midwife)

Address Potlatch

Filed Nov 4th 1922

Dr Jas. Thompson
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

AUG 29 1956

152-128-029517

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 65

File No. 106729

No. 760 Spruce St.

Primary Registration District No. 2145

Registered No.

Hospital

FULL NAME OF CHILD James Floyd Anshutz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓		✓	yes	Oct 28 1922

FATHER		MOTHER	
FULL NAME	George Anshutz	FULL MAIDEN NAME	Mary C. Nagle
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kansas	BIRTHPLACE	N Dakota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive - (Born alive or stillborn), at 12 20 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Dr Jas. Thompson. M.D.

(Physician or midwife)

Address Potlatch Idaho

Filed Nov 1st 19 22

Dr Jas. Thompson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1942

363-221-029-245

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Princeton

Registration District No. 65 File No. 106730

No. ..... St.

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD - Ilene - Esther Cochrane -

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female -	✓		✓	yes.	Oct. 21st 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	- James A. Cochrane.	FULL MAIDEN NAME	Mary H. Bunney
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23. (Years)
BIRTHPLACE	- Idaho -	BIRTHPLACE	Kansas.
OCCUPATION	- Farmer -	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J.W. Thompson -

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Potlatch Idaho

Filed Oct. 23rd 1922 Dr J.W. Thompson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-227.029-251

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
NOV 1 [illegible] 192[illegible]
BUREAU [illegible]
STATE [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlach

No. 960 Larch St.

Hospital

Registration District No. 65 File No. 106731

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD — Ethel May Kinsella

Sex of Child	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 27 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy Kinsella	FULL MAIDEN NAME	Mabel Beardsley
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. W. Thompson

M D
(Physician or midwife)

Given names added from a supplemental report.

19

Address Potlatch

Registrar

Filed Oct 14th 1922 Dr J. W. Thompson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1942

815-209.029-862

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED NOV 10 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. 870 Pine St.

Registration District No. 65 File No. 106732

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Kikue Handa.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Oct 9 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ucha Handa	Saxuyo Yoshida
RESIDENCE	Potlatch Ida	Potlatch Ida
COLOR	Yellow	Yellow
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Japan	Japan
OCCUPATION	Tailor	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Ernest J. Heni M.D.

(Physician or midwife)

Address Potlatch Ida

Filed Oct. 10 1922

J. W. Thompson

Registrar

495-105-029-534 name & date of birth amended 10/3/84 to

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED NOV 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lutah

City of Pottatch

Registration District No. 65 File No. 106733

No. ..... St.

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~William~~ Irwin ~~Irwin~~ William - Minden

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	yes	Oct. 4 - 5th 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Wesley Minden	FULL MAIDEN NAME	Elsie Elizabeth Elder
RESIDENCE	Pottatch Idaho	RESIDENCE	Pottatch Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Worksin Box Factory	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J.W. Thompson

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pottatch

Filed Oct. 20th 1922

Dr. J.W. Thompson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/12/41 L. B.

6-29-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 11 2 09 PM '84

State of Idaho,
County of Latah } ss.

Certificate No. 106733
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for William Irwin Minden (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 5, 1922 (Date of Event)
in Potlatch (Latah) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	William Irwin Minden	Irwin William Minden
date of birth	Oct 5, 1922	Oct 4, 1922

Subscribed and sworn to before me this 2nd day of July 1984.

Notary Public, Mary Ellsworth
Residing at Potlatch
My commission expires lifetime
(Seal)

x Irwin William Minden
Signature of Applicant

x HC 01 Box 42, Harvard, Id 540 83834
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho,
County of Latah } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of July 1984.

Notary Public, Mary Ellsworth
Residing at Potlatch
My commission expires lifetime
(Seal)

Lolah M. McVey
Supporting Signature

Princeton Ida. 83857
Street Address, City, State

1 bc credit

Honorabel discharge papers from US Navy gives name as Irwin William Minden born Oct. 4, 1922 in Potlatch, Idaho. dated Mar. 1946. viewed by tc

OCT 3 1984

Family Bile record gives name as Irwin William born Oct. 4 in Potlatch.

viewed by tc

15-4-104 [illegible] 9-433

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 65 File No. 106734

No. 965 Cedar St.

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Robert Kenwood Anderson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1		2	yes	Oct. (Month) 4 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Harry Anderson	FULL MAIDEN NAME	Elsie McConnell
RESIDENCE	Potlatch Ido	RESIDENCE	Potlatch Ido
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Canada.
OCCUPATION	Construction Superintendent	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst T. Kern [signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Potlatch Ido.

Filed Oct. 10th 1922

Dr. J. W. Thompson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1973

JUL 27 1973

667-116029-387

PLACE OF BIRTH

RECEIVED AUG 5 1922 BUREAU OF STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106735

County of Latah

City of Bovill

Registration District No. 66 File No. 17

No. ..... St.

Hospital Bovill

Primary Registration District No. 2146 Registered No. .....

FULL NAME OF CHILD Lyle James Payman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 16 1922

FATHER	MOTHER
FULL NAME: Louis Fred Payman	FULL MAIDEN NAME: Clara Chaussee
RESIDENCE: Bovill Idaho	RESIDENCE: Bovill Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: South Dakota
OCCUPATION: Brakeman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5 Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 a.m. on the date above stated.

(Signature) H. C. Gibson
Physician
(Physician or midwife)

Address Bovill Idaho

Filed July 20 1922 Mrs R. C. Gibson
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

577-27-0295

Name of child and surname of father amended Sept. 28, 1983 fc

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED DEC 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106736

County of Latah

City of Bovill

Registration District No. 66 File No. 3

No. ..... St.

Hospital Bovill

Primary Registration District No. 2146 Registered No. .....

FULL NAME OF CHILD ~~Arva Ann Eggett~~ Arva Ann Eggett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov. 17 - 1922

FATHER		MOTHER	
FULL NAME	Paul ~~Eggert~~ Eggett	FULL MAIDEN NAME	Emma Vine
RESIDENCE	Elk River Idaho	RESIDENCE	Elk River Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) F. C. Gibson
Physician
(Physician or midwife)

Address Bovill Idaho

Filed 11/28 19 22 Mrs. F. C. Gibson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-29-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 28 2 16 PM '83

State of _____ } ss.
County of _____ }

Certificate No. 106736
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Arvis Amy Eggert (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 17, 1922 (Date of Event)

in Bovill (Latah) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Arvis Amy Eggert	Arva Ann Eggett
fathers last name	Eggert	Eggett

Subscribed and sworn to before me this 21 day of Sept, 19 83.

Notary Public, Jan Whitley

Residing at Elk River Idaho

My commission expires Lifetime Bonded 1984

(Seal)

x Arva Ann Eggett Monroe
Signature of Applicant

x Elk River, Idaho Box 96
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Clearwater }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of Sept, 19 83.

Notary Public, Jan Whitley

Residing at Elk River Idaho

My commission expires Lifetime Bonded 1984

(Seal)

Kenneth M. Finson
Supporting Signature

Box 146 Elk River Idaho
Street Address, City, State

lcc credit

SEP 23 1983

Cradle Roll Certificate issued by the Elk River Community Sundy School gives name as Arva Ann Eggett born November 17, 1922. Enrolled on March 4, 1923.
C. E. Cotton , Superintendent of School.
Vital Statistics

School Record issued by Elk River High school gives name as Arva Ann Eggett born in Elk River, Idaho.on November 17, 1922. Parent's name Paul Eggett.
Viewed by V.S. School yearsof 1936- 1940 Graduated May 17, 1940.

Father's S. S. Card # 519 95 0186gives name of father as Paul Irving Eggett.
Card issued Sept. 30, 1939.
Viewed by V.S.

256-216-029-369

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Latah

City of Bovill

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 4 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106737

Registration District No. 66 File No. 31

Primary Registration District No. 2146 Registered No. .....

FULL NAME OF CHILD Lois June Knott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Nov. (Month) 16. (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Oscar Knott	FULL MAIDEN NAME	Cora McNeel Park
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	West Virginia
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bovill Idaho

Filed 11/20 1922 Geo T. C. Gibson Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 15 1952

243-203-029-845

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
DEC 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106738

County of Latah

City of Bovill

Registration District No. 66 File No. 30

No. ..... St.

Primary Registration District No. 2146 Registered No. .....

Hospital .....

FULL NAME OF CHILD Velma Leah Butler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov (Month) 3rd (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	James H Butler	FULL MAIDEN NAME	Veda Hunt
RESIDENCE	Kendrick Ida	RESIDENCE	Kendrick Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bovill Idaho

Registrar

Filed Nov. 10 1922 Mrs F. C. Gibson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1951

STATE OF IDAHO

Board of Health—Bureau of Vital Statistics

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

I hereby certify that the child

of James H. Butler
(Name of father)

and Veda B. Hunt
(Maiden name of mother)

Born on Nov 3 1922

has been named Velma Leah Butler

106738

Veda Butler
(Signature of father or mother)

REPLY CARD

THIS SIDE OF CARD IS FOR ADDRESS ONLY

Mrs F. C. Gibson

Bovill

Idaho -

389-101-029-395

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED DEC 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106739

County of Lotah

City of Bovill

No. ..... St.

Registration District No. 66 File No. 29

Primary Registration District No. 2 1 4 6 Registered No. .....

Hospital .....

FULL NAME OF CHILD Leslie Paul Chilton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 15 1922

FATHER		MOTHER	
FULL NAME	Francis William Chilton	FULL MAIDEN NAME	Esther Pauline Linier
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson
Physician
(Physician or midwife)

Address Bovill Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 10 19 22 Mrs F. C. Gibson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1944

769-227-029-551

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106740

County of Latah

City of Bovill

Registration District No. 66 File No. 28

No. ..... St.

Primary Registration District No. 2146 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lou Ellen Porter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes.	Oct. 27 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lloyd F. Porter	FULL MAIDEN NAME	Evans
RESIDENCE	Bovill	RESIDENCE	Bovill
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Washington
OCCUPATION	Clerk Pool Room	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 2:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Faust

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Deary

Filed Dec 1922

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-201-024-168

PLACE OF BIRTH

RECEIVED DEC 5 BUREAU STA

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106741

Registration District No. 64 File No. .....

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Helen Louise Westberg
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov 11 1922

What bactericidal solution was used in eyes? Silver Nit

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Carl Gustav Westberg	FULL MAIDEN NAME	Ella Katherine Johnson
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ohio	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 15 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R G Nelson, M.D.

(Physician or midwife)

Address Troy, Ida

Filed Nov. 30 1922 Lucy M Pickerd
Registrar.

Give names added from a supplemental report.

November 30, 1922
Lucy M Pickerd
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 6 1942

OCT 2 8 1953

791-272-029-215

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106742

CERTIFICATE OF BIRTH

County of Latah RECEIVED

City of Troy DEC 5 1922

No. BUREAU OF VITAL STATISTICS Registration District No. 64 File No.

Hospital Primary Registration District No. 2144 Registered No.

FULL NAME OF CHILD Eleanor Lucile Granlund
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov 12 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Carl Eric Granlund	FULL MAIDEN NAME	Annie Sandstrum
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	BIRTHPLACE	Wis
OCCUPATION	Brick factory Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Nelson, M. D.

(Physician or midwife)

Give names added from a supplemental report.

November 30, 1922

Lucy M. Pickerd
Registrar.

Address Troy Ida

Filed Nov 30 1922 Lucy M. Pickerd
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168 - 27: 029 - 285

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106743

County of Latah

City of Troy

No. ____ St.

Registration District No. 64 File No. ____

Hospital ____ Primary Registration District No. 2144 Registered No. ____

FULL NAME OF CHILD Fern Juniella Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov 11 1922

What bacterioidal solution was used in eyes? Silver Nit

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jos Theodore Johnson	FULL MAIDEN NAME	Bessie Violet Byers
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.02 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R Nelson M. D.
(Physician or midwife)

Address Troy Idaho

Give names added from a supplemental report.

November 30, 1922
Lucy M. Pickerd
Registrar.

Filed Nov 30 1922 Lucy M. Pickerd
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 30 1955

386-113-029-955

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 11 1922

CERTIFICATE OF BIRTH 106744

County of Latah

City of Moscow, R F D

No. ____ St.

Registration District No. 61

File No. ____

Hospital ____

Primary Registration District No. 2141

Registered No. 164

FULL NAME OF CHILD Leland LaVerne Lyon

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov 13 1922

What bactericidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 3 — Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Leslie Leander Lyon	Ida Iverson
RESIDENCE	Moscow Idaho	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Hillsborough, Ore.	Latah Co. Idaho
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist

M D Physician

(Physician or midwife)

Address Moscow Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov 20 1922 N H Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 18 1944

238-165-029-238

PLACE OF BIRTH

County of Latah

City of Viola

No. RD. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

REC
DEC

CERTIFICATE OF BIRTH 106745

Registration District No. 61 File No.

Primary Registration District No. 2141 Registered No. 1666

FULL NAME OF CHILD Frederick Byron Schoepflin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov. 15 1922

What bactericidal solution was used in eyes? Argent Nit. 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Fred J. Schoepflin	FULL MAIDEN NAME	Lydia Schultz
RESIDENCE	Viola, Idaho	RESIDENCE	Viola, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Washington	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:20 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Armstrong

Physician

(Physician or midwife)

Address Moscow, Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Nov 18 1922 W. H. Lauthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

RECEIVED DEC 28 1922 VITAL STATISTICS

Place of Birth (City Weda File No. 106745

(St. Idaho Date of Birth Nov. 16

(County Latah Sex of Child Male

Father T. J. Schoepflin Mother Lydia Schoepflin

I HEREBY CERTIFY that the child herein has been named:

Frederick Byron Schoepflin

T. J. Schoepflin

Signature of Father or Mother.

OCT 7 1942

REC'D DEC. 11, 1922

TYPE OR PRINT IN PERMANENT INK

State of Idaho
CERTIFICATE OF LIVE BIRTH

State File No. 106746
Local Reg. No. 162
Reg. Dist. No. 61

CHILD

1. CHILD-NAME FIRST	MIDDLE	LAST	2. SEX	3a. DATE OF BIRTH (Mo., Day, Yr.)	3b. HOUR
DAVID	ELMER	SUDWEEKS	MALE	NOV. 7, 1922	1:35P M

4a. INSTITUTION NAME (If not in hospital or clinic, give street and number)	4b. CITY, TOWN OR LOCATION OF BIRTH	4c. COUNTY OF BIRTH
PRIVATE RESIDENCE	MOSCOW	LATAH

CERTIFIER

I certify that stated information concerning this child is true to the best of my knowledge and belief.

5a. (Signature) ▶	5b. DATE SIGNED (Mo, Day, Yr.)	5c. NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print)
J. HARRY EINHOUSE, M.D.		

6d. CERTIFIER NAME AND TITLE (Type or print)	5e. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
J. HARRY EINHOUSE, M.D.	MOSCOW, IDAHO

6a. REGISTRAR (Signature) ▶	6b. DATE RECEIVED BY REGISTRAR (Month, Day, Year)
W.H. CARITHERS	NOV. 10, 1922

MOTHER

7a. MOTHER-MAIDEN NAME FIRST	MIDDLE	LAST	7b. AGE	7c. STATE OF BIRTH (If not in U.S.A., name country)
LUCY	MARIA	BAKER	47	UTAH

8a. RESIDENCE STATE	8b. COUNTY	8c. CITY, TOWN OR LOCATION	8d. STREET AND NUMBER OF RESIDENCE	8e. INSIDE CITY LIMITS (Yes or No)
IDAHO	LATAH	MOSCOW		

9. MOTHER'S MAILING ADDRESS - If same as above, enter Zip Code only — ZIP CODE

FATHER

10a. FATHER-NAME FIRST	MIDDLE	LAST	10b. AGE	10c. STATE OF BIRTH (If not in U.S.A., name country)
JOSEPH		SUDWEEKS	39	UTAH

I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.

11a. (Signature of Parent or Other Informant) ▶	11b. RELATION TO CHILD
LUCY MARIA SUDWEEKS	MOTHER

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

12. RACE-MOTHER (White, Black, American Indian, Japanese, etc.)	13. RACE-FATHER (White, Black, American Indian, Japanese, etc.)	14. BIRTH WEIGHT	15a. THIS BIRTH - Single, twin, triplet, etc.	15b. IF NOT SINGLE - Born first, second, third, etc.	16. IS MOTHER MARRIED? (At birth, conception, or any time between) (Yes or No)

PREGNANCY HISTORY (Complete each section)		EDUCATION – MOTHER (Specify only highest grade completed)		EDUCATION – FATHER (Specify only highest grade completed)	
LIVE BIRTHS (Do not include this Child)	OTHER BIRTHS/TERMINATIONS (Include stillbirths, miscarriages, and induced terminations)	Elementary or Secondary (0-12)	College (1-4 or 5+)	Elementary or Secondary (0-12)	College (1-4 or 5+)

DEATH UNDER ONE YEAR OF AGE
Enter State File Number of death certificate for this child

555-211-029-445

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 11 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 515 N. Main St.

Registration District No. 61

File No. 106747

Hospital

Primary Registration District No. 1011

Registered No. 163

FULL NAME OF CHILD Mary Ellen Neely
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov. 11 1922

What bactericidal solution was used in eyes? Arg. Nit. 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Albert E. Neely	FULL MAIDEN NAME	Anna Dunn
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Mechanist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C.O. Armstrong
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Moscow Idaho.

....., 19....

Registrar.

Filed Nov 12 1922 N H Carthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1948

122-201-029-519

PLACE OF BIRTH

RECEIVED DEC 1 1922 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106748

County of Latah

City of Moscow.

No. ..... St.

Registration District No. 61 File No. .....

Hospital .....

Primary Registration District No. 1011 Registered No. 160

FULL NAME OF CHILD Mary Louise Askins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes.	Feb. 1 1922

What bactericidal solution was used in eyes? Borasic acid.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wilsie L. Askins	FULL MAIDEN NAME	Bernice Varney
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Colfax, Wash.	BIRTHPLACE	Walla Walla, Wash.
OCCUPATION	farmer.	OCCUPATION	house-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Rappfield D.O.
(Physician or midwife)

Address Moscow, Idaho.

Filed Dec 1 1922 W. H. Carithers
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 27 1962

168-215-4029-866

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106749

County of Latah

City of Moscow

No. ..... St.

Registration District No. 61 File No. .....

Hospital Inland Empire Primary Registration District No. 1011 Registered No. 165

FULL NAME OF CHILD Dorothy Marie Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov 15 1927

What bactericidal solution was used in eyes? Ag. Nos. 1 0/0

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Carl Edward Johnson	FULL MAIDEN NAME	Mary Hoffman
RESIDENCE	Leland Ida	RESIDENCE	Leland Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Leland - Ida.
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers

Physician
(Physician or midwife)

Address Moscow Idaho

Filed Nov 15 1927 W. H. Carithers
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-224-029 Amended 8/22/73

PLACE OF BIRTH 289

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106750

County of Latah

City of Moscow

No. 720 South Main St.

Hospital The Gritman

Registration District No. 61

Primary Registration District No. [illegible]

File No.

Registered No. 167

FULL NAME OF CHILD Flavia Anne Lee
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	10-24 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	William Erwin Lee	FULL MAIDEN NAME	Madeline ~~Lee~~ Shields
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ashville, N. C	BIRTHPLACE	Moscow, Idaho
OCCUPATION	Attorney-at-Law	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. D. Gritman, M.D.
(Physician or midwife)

Address Moscow, Idaho.

Give names added from a supplemental report.

....., 19....

Registrar.

Filed Nov 25 1922 M H Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 2 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Maryland } ss.
County of Montgomery }

Certificate No. 106750

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Flavia Anne Lee (Name on Original Certificate) who was born (Was Born or Died) on Nov. 24, 1922 (Date of Event) in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	November 24, 1922	October 24, 1922

Subscribed and sworn to before me this 18th day of July 1973

Isaac Mampleer

Notary Public, residing at 7359 Wisconsin Bethesda

My commission expires 1 July 1974 Ms

(Seal)

Signed Madeline S Lee

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4 Fairfax Court Chevy Chase

(Street Address, City, State)

Md 20015

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Maryland } ss.
County of Montgomery }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of July, 1973

Isaac Mampleer

Notary Public, residing at 7359 Wisconsin Bethesda

My commission expires 1 July 1974 Ms

(Seal)

Signed Mary Madeline Lee Winner

(Signature of Any Credible Person)

6009 Southport Dr Bethesda Md

(Street Address, City, State)

FORM DH 60-155 CL 7/5/73

Holy Sacrament of Baptism gives name as Flavia Ann Lee. daughter of Wm. Lee and Madeline Shileds. Born Oct. 24, 1922. Was Baptized Nov. 10, 1922. Viewed VS/-

AUG 22 1973

Application for Admission to Georgetwon Visitation Convent dated Aug. 22, 1936 gives child's name as Flavia Ann Lee.born Oct. 24, 1922. Viewed by V. S.

234-102-029-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106751

County of Latah

City of Moscow, R.F.D.

No. ✓ St.

Registration District No. 161 File No.

Hospital

Primary Registration District No. 2141 Registered No. 161

FULL NAME OF CHILD Leonard Raymond Blue
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Nov (Day) 2 (Year) 1922
Male		Yes	

What bactericidal solution was used in eyes? Ag No. 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leonard Randolph Blue	FULL MAIDEN NAME	Olive Nina Mills
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hsw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Address Moscow, Idaho

Filed Nov 10 1922 W H Carithers
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-124 1029-851

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED DEC 1 1922

106752

County of Idaho

City of Genesee

Registration District No. 62

File No.

No. ..... St.

Primary Registration District No. 2142

Registered No.

Hospital

FULL NAME OF CHILD Delbert Laurel Kambitsch

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—	—	—	yes	Nov. 24 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Adlon J Kambitsch	FULL MAIDEN NAME	Ethel Healey
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Ehlen

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed 11-24 1922 W. H. Ehlen

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1944

AUG 1 4 1944

DECEASED

863.215.029.363

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

RECEIVED DEC 11 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 62

File No. 106753

Primary Registration District No. 2142

Registered No. 12

FULL NAME OF CHILD Wm Jeanette Holbert

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	11-15-1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M. Holbert	FULL MAIDEN NAME	Jeanette Collins
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Ehem

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 11-15-1922 W. H. Ehem

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 4

APR 1 6 1947

256126-029-331

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Genesee

RECEIVED
DEC 11 1922
BUREAU OF VITAL STATISTICS

Registration District No. 62

File No. 106754

No. ..... St.

Primary Registration District No. 2142

Registered No. 11

Hospital .....

FULL NAME OF CHILD Donald Geo. W. Snoen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Oct 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Elmer Snoen	FULL MAIDEN NAME	Myrtle Laurna Clark
RESIDENCE	Genesee Ida	RESIDENCE	Genesee Ida
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Bisford South Dak	BIRTHPLACE	Julietta Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Perkins

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Nov 17 1922

W. H. Elmer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/19 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth (City Genesee

(St. _____

(County Latah

File No. 106754

Date of Birth Oct. 26. 1922

Sex of Child Male

Father Albert Elmer Snow Mother Myrtle Gavora Snow

I HEREBY CERTIFY that the child herein has been named:

Donald Leo Wesley Snow

Myrtle Gavora Snow

Signature of Father or Mother.

RECEIVED 1923 VITAL

FEB 18 1957

JUL 21 1947

243-20[redacted]-219 Name added 5-11-84 fc

Form V. S. No. 11-C—25m-7-21-19

PLAC[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County [redacted]

CERTIFICATE OF BIRTH

106755

City of [redacted] Registra[redacted]ict No. 41 File No.

No. St.

Primary Registration District No. 2116 Registered No.

Hospital

FULL NAME OF CHILD June Juanita Sullivan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f.		Yes	Nov 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Rowland Franklin Sullivan	FULL MAIDEN NAME	Elanor Bartl
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Montana
OCCUPATION	Common labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Hammer M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Salmon

Registrar

Filed Nov. 10 1922 Clio Bellamy Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

Rec'd MAY 11 1984

State of _____ } ss.
County of _____

Certificate No. 106755
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Sullivan (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 7, 1922 (Date of Event)

in Salmon (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	June Juanita Sullivan

Subscribed and sworn to before me this 11th day of May, 1984.

Notary Public, Theresa Curtright

Residing at Boise

My commission expires 4-20-86

(Seal)

June Juanita Reed
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

School Census Report gives name as June Sullivan, Daughter of Roland Sullivan born Nov. 7, 1922. County of Lemhi Ind. School Dist. # 1
Viewed by v.s.

Church record issued by the Faith Bible Chapel of 410 Fulton Street, Salmon, Id states that June Sullivan was baptized by Rev. E. M. Heidner on July 21, 1929 in Salmon, Idaho. June is the daughter of Roland and Eleanor Sullivan.
Viewed by V.S.

6A4-234-030-469

Form V. S. No. 11-C—25m-7-21-19

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41 File No. 106756

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Rose Margaret Waddington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	Nov (Month) 4 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Watts Waddington	FULL MAIDEN NAME	Elsie Morrell
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	England	BIRTHPLACE	Colorado
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Hammer MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salmon

Filed Nov 10 1922 Cleo Bellamy Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: City Salmon

St. _____

County Lemhi

File No. 106756

Date of Birth Nov. 4, 1922

Sex of Child Female

Father Wales - England

Mother Elsie C. - California

I HEREBY CERTIFY that the child herein has been named:

Rose Margaret Waddington

Elsie C. Waddington

Signature of Father or Mother.

AUG 2 1 1969

MAR 4 1952

298-229-030-396

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
NOV 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106757

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Betty Joe Kiholm

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	Oct 29 1922

FATHER		MOTHER	
FULL NAME	James Kiholm	FULL MAIDEN NAME	Jessie Crofts
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Upholsterer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Hammer M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Salmon

Filed Nov. 10 1922 Clio Bellamy Registrar

Abep

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 29 1970

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
City Salmon
St.
County Lemhi

File No. 106757

Date of Birth Oct 29. 1922

Sex of Child Female

Father James Kiholm

Mother Jessie Croft

I HEREBY CERTIFY that the child herein has been named:

~~[illegible]~~ Kiholm

(Betty J.)

Mrs James Kiholm

Signature of Father or Mother.

MAY 2 1945

RECEIVED

913-228-070-296

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Lemhi

CERTIFICATE OF BIRTH

City of Salmon

Registration District No. 41 File No. 106758

No. ____ St.

Primary Registration District No. 2116 Registered No. ____

Hospital ____

FULL NAME OF CHILD Beth Berniece Rachaun

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Oct 28 1922

FATHER		MOTHER	
FULL NAME	Henry Rachaun	FULL MAIDEN NAME	Dorothy Brown
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Montana
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Hammer M.D.
(Physician or midwife)

Address Salmon

Given names added from a supplemental report.

____ 19____

Registrar

Filed Nov 10 1922 Chas Bellamy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1974

MAR 6 1942

255-119.070-846

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. _____ St.

Hospital _____

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 106759

Primary Registration District No. 2116 Registered No. _____

FULL NAME OF CHILD Carlos Lee Benjamin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	10—19—22

FATHER	MOTHER
FULL NAME Wilson C. Benjamin	FULL MAIDEN NAME Bertha Huffman
RESIDENCE Salmon, Ida	RESIDENCE Salmon, Ida
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
COLOR White	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Kansas
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 3.20 A. M. on the date above stated.

(Signature) O. J. Shelton, M.D.

(Physician or Midwife)

Address Salmon, Idaho.

Filed Nov. 10 1922 Alice Bellamy Registrar
Dep.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

6-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

6-4-228-030-219

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Lemhi

City of Leadore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
NOV 15 1922
BUREAU OF VITAL STATISTICS

Registration District No. 41 File No. 106760

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Jeanne Marie Wade

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	10-28-1922

FATHER		MOTHER	
FULL NAME	Irvin J. Wade	FULL MAIDEN NAME	Florence Victoria Barrows
RESIDENCE	Leadore, Ida	RESIDENCE	Leadore, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Washington	BIRTHPLACE	Idaho.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Stratton, MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salmon, Idaho.

Filed Nov. 10 1922 Olio Bellamy
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 10 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-103-030-662

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

Registration District No. 41 File No. 106761

No. ..... St.

Primary Registration District No. 2116 Registered No. .....

Hospital .....

FULL NAME OF CHILD James Robert Mitchell

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	11 (Month) 3 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	James Mitchell	FULL MAIDEN NAME	Elizabeth Foss
RESIDENCE	Salmon, Ida.	RESIDENCE	Salmon, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	England.	BIRTHPLACE	England.
OCCUPATION	Carpenter.	OCCUPATION	Housewife

Number of child of this mother, including present birth Six Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Stratton M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon, Idaho.

Filed Nov. 10 1922 Clio Bellamy

Registrar

Registrar

S-Y-CO 38071

K

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth (City Salmon

(St. _____

(County Lemhi

Father James

File No. 106761

Date of Birth Nov. 3

Sex of Child Male

Mother Elizabeth Mitchell

I HEREBY CERTIFY that the child herein has been named:

James Robert Mitchell

James Mitchell.

Signature of Father or Mother.

MAY 15 1956

SEP 6 1973

754-III-070-27

PLACE OF BIRTH

County of Lemhi

City of Gibbonville

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106762

NOV 10 1922
BUREAU OF VITAL STATISTICS

Registration District No. 141

File No. ____

Primary Registration District No. 216

Registered No. ____

FULL NAME OF CHILD Joe N. Crumble

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Oct 11th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clovis Crumble	FULL MAIDEN NAME	Nellie Sparkman
RESIDENCE	Gibbonville	RESIDENCE	Gibbonville
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Okla
OCCUPATION	Farmer	OCCUPATION	Hsk

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P M. on the date above stated.

(Signature) F S Wright M D

(Physician or midwife)

Address Salmon

Filed Nov. 10 1922 Chas Bellamy Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] ARTIC DEFENSE

[illegible] OF IDEA

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
JAN 10 1923
BUREAU OF VITAL STATISTICS

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth: City Gibbonsville

St. _____

County Lemhi

File No. 106762

Date of Birth Oct 12

Sex of Child Male

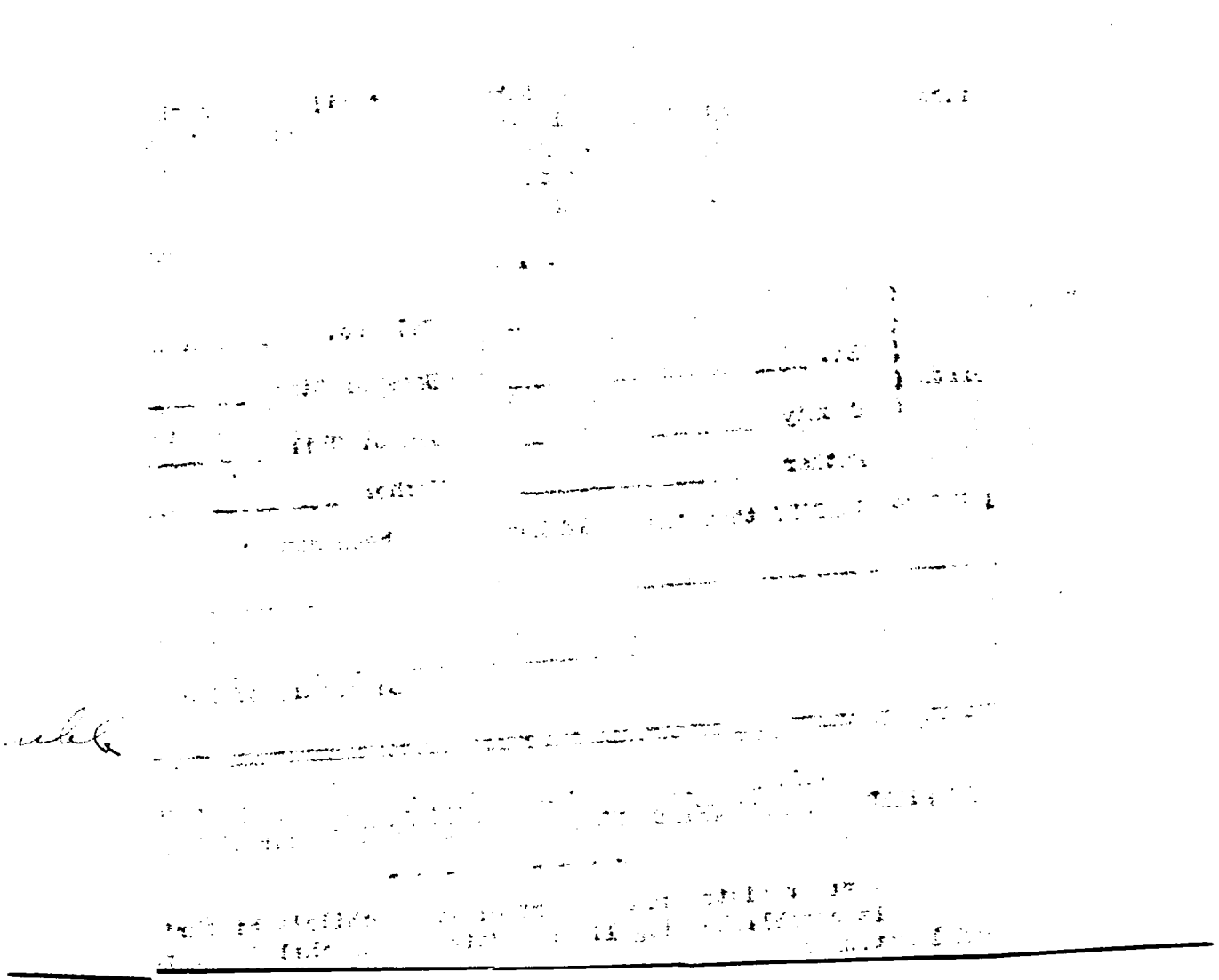
Father C. H. Pemble Mother Nettie Sparkman Pe

I HEREBY CERTIFY that the child herein has been named:

Joe H. Pemble

C. H. Pemble

Signature of Father or Mother.



112-122.030-314

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

Registration District No. 41

File No. 106764

No. _____ St.

Primary Registration District No. 2116

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 22 1922

FATHER		MOTHER	
FULL NAME	Jacob Jakovic	FULL MAIDEN NAME	Shova Tammovich
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Laborer	OCCUPATION	Hwf

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No physician present at birth

F S Wright M D
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Salmon

Filed Nov 10 1922 Clio Bellamy Dep Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-125-030-679

Form V. S. No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Baker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 10 1922
BUREAU OF VITAL STATISTICS

Registration District No. 41 File No. 106765

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD William Dean Cooper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 25 1922

FATHER		MOTHER	
FULL NAME	Riley Cooper	FULL MAIDEN NAME	Ruth Ogsie
RESIDENCE	Baker	RESIDENCE	Baker
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	66	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ark	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:00 P. M. on the date above stated.

(Signature) J S Wright MD

(Physician or midwife)

Address Salmon

Filed Nov 10 1922 Clio Bellamy Registrar
Dep

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

DECLASSIFIED - PUBLIC RELEASE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth { City Salmon

St. Idaho

County Lemhi

File No. 106765

Date of Birth Oct 25th 1922

Sex of Child Male

Father Riley B. Cooper Mother Ruth E. Ella Cooper

I HEREBY CERTIFY that the child herein has been named:

William Dean Cooper.

Ruth Ella Cooper

Signature of Father or Mother.

MAR 4 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418731.070666

PLACE OF BIRTH

Form ~~V. S. No. 15~~ C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106766

County of Lemhi

City of Salmon

NOV 10 1922

Registration District No. 41 File No. 106766

No. ..... St.

STATISTICS

Primary Registration District No. 2116 Registered No. .....

Hospital .....

FULL NAME OF CHILD Thomas Myron Maydole

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m.				Yes	Aug 31 1922

FATHER	MOTHER
FULL NAME: Leonard Myron Hall Maydole	FULL MAIDEN NAME: Pasella Ward
RESIDENCE: Salmon	RESIDENCE: Salmon
COLOR: W.	COLOR: White
AGE AT LAST BIRTHDAY: 53 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Penn.	BIRTHPLACE: Idaho
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 45 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Hammer

Physician

(Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Nov. 10 - 1922 Chas C. Bellamy
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Lemhi } ss.

Certificate No. 106766

Date Filed Apr 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Myron Maydole (Name on Original Certificate) who was born (Was Born or Died) on August 31, 1923, (Date of Event)
in Salmon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on August 31st, 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Myron Maydole	Myron Thomas Maydole

Subscribed and sworn to before me this 31st
day of March, 19 42

Notary Public, residing at Salmon, Idaho

My commission expires 2/27/44
(Seal)

Signed Eva Maydole Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Salmon, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Lemhi } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of March, 19 42

Notary Public, residing at Salmon, Idaho

My commission expires 2/27/44
(Seal)

Signed Frances Bahm
(Signature of Any Credible Person Other Than Previous Year)

Salmon, Idaho
(Street Address, City, State)

112-22:070-719 AMENDED OCT. 26, 1951

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi
City of Salmon
No. ____ St.
Hospital ____

Registration District No. 41 File No. 106767
Primary Registration District No. 2116 Registered No. ____

FULL NAME OF CHILD MARY ANN JAKOVAC
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.			yes	Sept. 22 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

FATHER	MOTHER
FULL NAME: Anthony Jakovac	FULL MAIDEN NAME: Angelina Camadina
RESIDENCE: Salmon	RESIDENCE: Salmon
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Austria	BIRTHPLACE: Austria
OCCUPATION: farmer	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

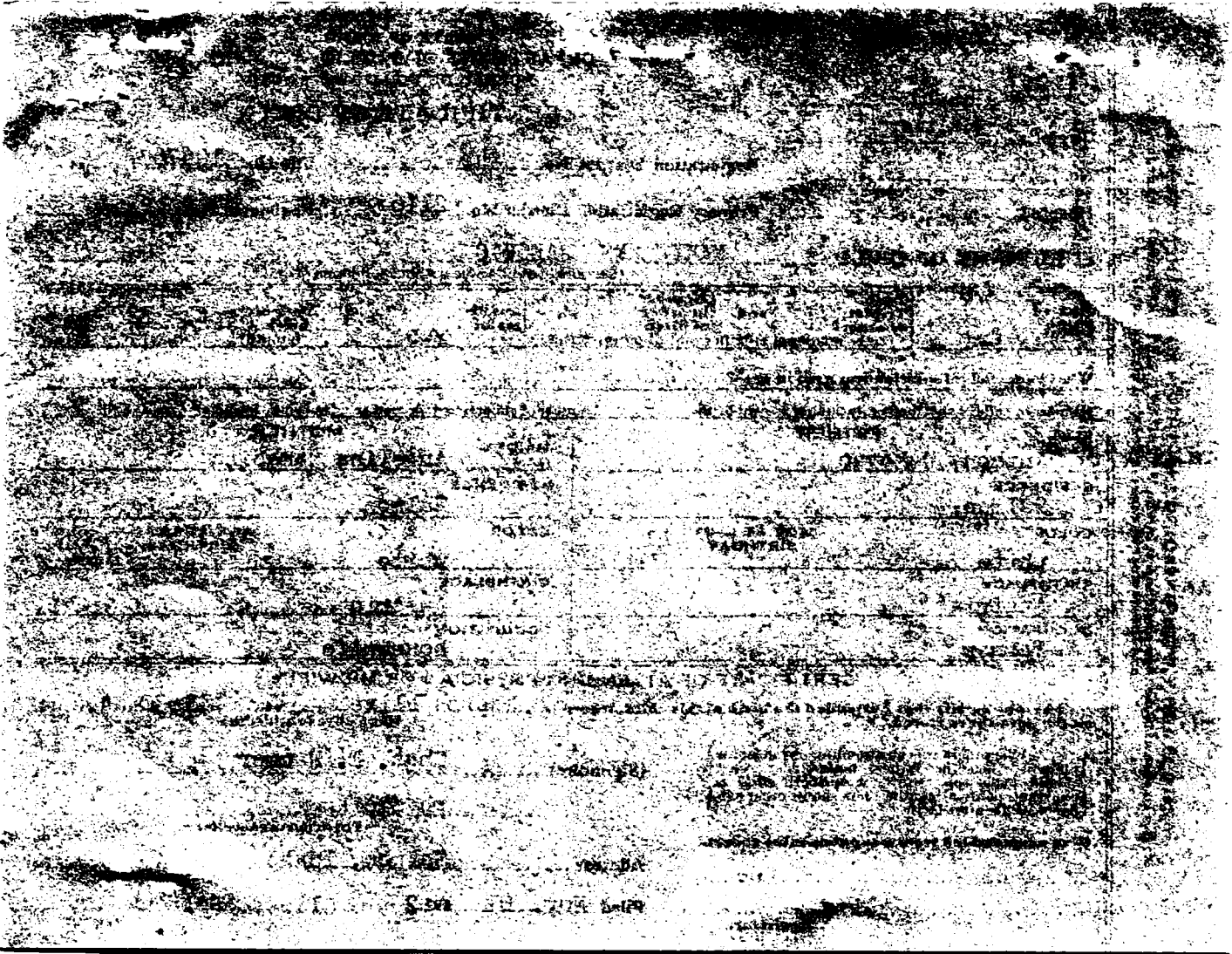
..... , 192....

..... Registrar.

(Signature) Chas. F. Hammer
physician
(Physician or midwife)
Address Salmon, Idaho

Filed Nov. 10 1922 Clio E. Bellony Dep. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



629-123-030-766

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Ellis

NOV 18 1922

BUREAU OF VITAL STATISTICS STATE OF IDAHO

No. ..... St.

Registration District No. 41 File No. 106768

Primary Registration District No. 2116 Registered No. .....

Hospital .....

FULL NAME OF CHILD ROBERT JOHN O'BRIEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m.			Yes	Sept 28 1922

FATHER		MOTHER	
FULL NAME	Robert A'Brien	FULL MAIDEN NAME	Bernice Jacobwin
RESIDENCE	Ellis	RESIDENCE	Ellis
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	N. Y.	BIRTHPLACE	Idaho
OCCUPATION	Road contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas F Hanson

Physician
(Physician or midwife)

Address Salmon Idaho

Filed Nov 10 1922 Chas Bellamy Registrar
Dep.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Power } ss.

Certificate No. 106768

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed O'Brien (Name on Original Certificate) who was born (Was Born or Died) on September 23, 1922 (Date of Event)
in Ellis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Army discharge & Baptismal record (Bible Record, Insurance Policy, Etc.) prepared on Feb 13, 1946 & April 6, '52 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of child	unnamed	Robert John O'Brien

Viewed by Div. of Vital Statistics

Subscribed and sworn to before me this 2nd day of May, 1955

Notary Public, residing at Am. Falls, Idaho
My commission expires 7-26-56
(Seal)

Signed James R. Bennells
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Chalis, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Power } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 19[illegible] Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of May, 1955

Notary Public, residing at Am. Falls, Idaho
My commission expires 7-26-56
(Seal)

Signed May Ellis
(Signature of Any Credible Person)
Ellis Idaho
(Street Address, City, State)

DPH-52-185

MAY 2 5 1955

185-203-030-259

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

NOV 10 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 106769

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Barbara Patricia Chehey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
f.				Yes	Oct	3	22

FATHER

FULL NAME Joseph Chehey

RESIDENCE Leadore

COLOR W. AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Nebraska

OCCUPATION Bookkeeper

MOTHER

FULL MAIDEN NAME Barbara Catherine Bennett

RESIDENCE Leadore

COLOR W. AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Canada

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Hammer

Physician

(Physician or midwife)

Address Salmon Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Nov. 10. 1922

Clio C. Bellamy

Registrar

6-10-41 G. J.

595-203-030-712

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

NOV 10 1922
BUREAU OF VITAL STATISTICS

Registration District No. 41 File No. 106770

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Alois Niemann

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f.		Yes	Oct 3 1922

FATHER		MOTHER	
FULL NAME	Frederick Wm. Niemann Jr	FULL MAIDEN NAME	Edyth Gable
RESIDENCE	Carmen	RESIDENCE	Carmen
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Salmon Idaho

Filed Nov. 10 1922 Clio. E. Billamy Dep. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECLASSIFIED

315-206-030-215

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

NOV 10 1922
BUREAU OF VITAL STATISTICS

City of Salmon Registration District No. 41 File No. 106771

No. ____ St.

Primary Registration District No. 216 Registered No. ____

Hospital ____

FULL NAME OF CHILD Mary Caldwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.			Yes	Oct 6 1922

FATHER

FULL NAME: Arthur Leroy Caldwell

RESIDENCE: Salmon

COLOR: White

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Rhodabelle Sanderson

RESIDENCE: Salmon

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: New Mexico

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) Chas F Hamner

Physician

(Physician or midwife)

Address Salmon Idaho

Filed Nov. 10 1922 Chas E. Bellamy

Registrar

APR 20 1964

356·207·030-366

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

RECEIVED NOV 10 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 106772

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Elizabeth Grace Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f.		Yes	Oct 7 1922

FATHER		MOTHER	
FULL NAME	Wm. James Lewis	FULL MAIDEN NAME	Thelma Cooper
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	N. Dakota
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Hammer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Salmon Idaho

Filed Nov. 10 1922 Chas. E. Bellamy Registrar

Dep.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Salmon

(St. _____

(County Lemhi

File No. 106772

Date of Birth October 7 1922.

Sex of Child Female

Father W. J. Lewis

Mother Thelma B Cooper.

I HEREBY CERTIFY that the child herein has been named:

Elizabeth Grace Lewis

W. J. Lewis.

Signature of Father or Mother.

FEB 5 1971

363-109.030-363

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41 File No. 106773

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Glen Daniel Cockrell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m.		Yes	Oct 9 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Washington Cockrell	FULL MAIDEN NAME	Gertrude Viola Coles
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wisconsin
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Hammer
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salmon

Filed Nov. 10 1922 Clio E. Bellamy
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

RECEIVED JAN 2 BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: City Salmon — File No. 106773

St. Idaho — Date of Birth October 9, 1922

County Lemhi — Sex of Child Male

Father Charles Cockrell Jr. Mother Gertrude Cockrell

I HEREBY CERTIFY that the child herein has been named:

Glen Daniel Cockrell.

Mr. and Mrs. Charles Cockrell.

Signature of Father or Mother.

AUG 31 1953

169210-030-432

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

Registration District No. 41 File No. 106774

No. ..... St.

Primary Registration District No. 2116 Registered No. .....

Hospital .....

FULL NAME OF CHILD Georgia Florence Johnston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f.		Yes	Oct 10 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. Fulton Johnston	FULL MAIDEN NAME	Wilda McRee
RESIDENCE	Leadore	RESIDENCE	Leadore
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Hammer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salmon Idaho

Filed Nov 10 1922 Chio C. Bellamy Dep. Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth: City Salmon

St. ____

County Lemhi

File No. 106774

Date of Birth Oct 10th 1922

Sex of Child Female

Father Geo F Johnston

Mother Wilda McRea Johnston

I HEREBY CERTIFY that the child herein has been named:

Georgia Florence Johnston

Geo F Johnston

Signature of Father or Mother.

MAY 29 1963

792-113-30-462 amend 8-26-82

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED NOV 18 1922 VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106775

County of Lemhi

City of Salmon

Registration District No. 41 File No.

No. St.

Primary Registration District No. 2116 Registered No.

Hospital

FULL NAME OF CHILD Nicholas Grkovic

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m.		Yes	Oct 13 1922

FATHER		MOTHER	
FULL NAME	Eli Grkovic	FULL MAIDEN NAME	
RESIDENCE	Salmon	RESIDENCE	Zorka Dokmanvich
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Austrian	BIRTHPLACE	Austrian
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Hammer

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Salmon Idaho

Registrar

Filed Nov 10 1922 Clio E. Bellamy Registrar

Dep.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-16-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 24 8 50 AM '82

State of _____ } ss.
County of _____

Certificate No. 106775
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Gerkovich (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 13, 1922 (Date of Event)

in Salmon (lemhi) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Gerkovich	Nicholas Grkovic
fathers name	Gerkovich	Grkovic

Subscribed and sworn to before me this 20th day of August, 1982

Notary Public Lois L Matteson

Residing at Salmon Idaho

My commission expires Lifetime

(Seal)

X Nicholas Grkovic
Signature of Applicant

1603 Main St Salmon Idaho 83467
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lemhi

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of August, 1982

Notary Public Lois L Matteson

Residing at Salmon, Idaho

My commission expires Lifetime

(Seal)

Helen Durand
Supporting Signature

Box 1029 Salmon, Idaho 83467
Street Address, City, State

1 cc pd

Notice of Rating from U.S. Civil Service Commission ,date issued 6-28-76, gives Name as Nicholas Grkovic. Viewed by V.S.

AUG 26 1982

University of Montana record for Nicholas Grkovic of Salmon born 10-13-22 at Salmon son of Eli Grkovic entered on 9-24-70. Viewed by V.S.

Letter from the Dept of Navy Bureau of Naval Personnel dated 8-10-70 from Chief of Naval Personnel to Commander Nicholas Grkovic. Subject Retirement from the U.S. Navy. Stated he had been in Navy for nearly 29 years. Viewed by V.S.

Death Certificate for Eli Grkovic who died 5-8-71 in Salmon state file # 71-2328. Viewed by V.S.

133-17-20-253

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. _____ St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 106716

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Elmer Kellogg Allen

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male				Yes	October 11 1922

FATHER	MOTHER
9. Full name: James R. Allen	18. Full maiden name: Frances Embley Kellogg
10. Residence (usual place of abode) (If non-resident, give place and State): American Falls	19. Residence (usual place of abode) (If non-resident, give place and State): Carmen, Idaho
11. Color or race: Wh	20. Color or race: Wh
12. Age at last birthday: 27 (years)	21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or Country): American Falls, Idaho	22. Birthplace (city or place) (State or Country): Porkville, Michigan
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plant Operator	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Idaho Power Company	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work _____, 19__	25. Date (month and year) last engaged in this work _____, 19__
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 2:00 at A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Chas F Hammer, M. D.

or _____, Midwife

Address Salmon, Idaho

Give name added from a supplemental report _____ (Date of)

Filed November 10, 1922 Chas Bellamy Registrar.

Registrar.

One child at birth a Separate Return must be made for each, and the number of each, in order of birth shown.

[redacted]

DEC 2 9 1941

SEP 1 2 1942

249-222-03/-219

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. Village St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED CERTIFICATE OF BIRTH

July 15, 1946 Registration District No. 47 File No. 106777

Primary Registration District No. Registered No. 200

FULL NAME OF CHILD Louisa Isabelle Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female		1	Yes	10 (Month) – 22 (Day) – 192 2 (Year)

What bacteriecidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jessie Smith	FULL MAIDEN NAME	Hazle Ann Barkley
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Tayler, M. D.

(Physician or midwife)

Address Nezperce, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 11-20 192 2 Albert Huff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 106777

County of Franklin } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Louisa Isabelle Smith (Name on Original Certificate) who Born (Was Born or Died) on Oct 22, 1922 (Date of Event)

in Nez Perce Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Personal Knowledge (Bible Record, Insurance Policy, Etc.) prepared on Giving years of acquaintance (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Luisa Isabel Smith	Louisa Isabelle Smith

Subscribed and sworn to before me this 9th day of July 1947

Wendell P. Brown

Notary Public, residing at Pasco

My commission expires Nov 23, 1947

(Seal)

(parent) Hazel Ann Bisbee

Signed Grace Bond

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

412 West Shoshone Pasco Wash

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Franklin }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of July 1947

Wendell P. Brown

Notary Public, residing at Pasco

My commission expires Nov 23, 1947

(Seal)

Signed Lillian Barclay

(Signature of Any Credible Person)

2021 East Lewis Pasco Wash

(Street Address, City, State)

SEP 16 1974

JUL 15 1946

345-111-031-315

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106778

County of Lewis

City of Craigmont, RFD

No. ..... St.

Hospital .....

Registration District No. 50 File No. .....

Primary Registration District No. 2129 Registered No. 32

FULL NAME OF CHILD Howard E. Lunders
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	Yes	Nov. 11 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Sylvester Lunders	FULL MAIDEN NAME	Eleanot Lantz
RESIDENCE	Craigmont, RFD	RESIDENCE	Craigmont, RFD
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	22 (22)
BIRTHPLACE	S. Dakota	BIRTHPLACE	Morrow Town, Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Craigmont, Idaho.

Filed 11/12 1922 R. E. Dunlop
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 9 1944

719-120-031-751

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC 4 1922

County of Lewis

City of Craigmont,

No. ..... St. Registration District No. 50 File No. 106779

Hospital ..... Primary Registration District No. 2129 Registered No. 53

FULL NAME OF CHILD Lee James Pardue
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	Yes	Nov. 20 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	James Austin Pardue	FULL MAIDEN NAME	Austa Pearson
RESIDENCE	Craigmont, Idaho.	RESIDENCE	Craigmont, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Tenn.	BIRTHPLACE	Oregon,
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Filed 11/21 1922 R. E. Dunlap
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS Apr 10 11 06 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 106779

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Pardue (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 20, 1922 (Date of Event)
in Craigmont, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lee James Pardue

Subscribed and sworn to before me this 12th day of March, 1974

Notary Public, residing at Lewiston, Idaho
My commission expires May 27, 1974
(Seal)

Signed Gusta Pardue
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kamiah, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Nezperce } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of March, 1974

Notary Public, residing at Lewiston, Idaho
My commission expires May 27, 1974
(Seal)

Signed Roy Gibbs
(Signature of Any Credible Person)

Lapwai Idaho
(Street Address, City, State)

FORM DH 60-155

CL 2/12/74 lcc pd. rec. # 1173

Certificate of Eligibility from Veterans Administration dated July 25, 1967 issued Aug. 3, 1956. gives name as Pardue, Lee J. date do birth 11-20-22. Viewed by V. S.

APR 2 9 1974

Certificate of Baptism gives name as Lee James Pardue . Baptized April 3, 1960. in Community Methodist Church, Nez Perce, Idaho. Viewed by V. S.

434-127-031-631

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Registration District No. 60 File No. 106780

Hospital ..... Primary Registration District No. 2129 Registered No. 64

FULL NAME OF CHILD William David McMillen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 27 1922

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Daniel McMillen	FULL MAIDEN NAME	Ella Flatt
RESIDENCE	Winchester Ida	RESIDENCE	Winchester Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kansas	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:00 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Em Laughlin
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Winchester, Ida.

Filed 11/25 1922 R. E. Dunlap
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1973

249-203-071-81

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis DEC 1922

City of Nezperce, RFD SUR

No. Village St. Registration District No. 47 File No. 106781

Hospital Primary Registration District No. Registered No. 203

FULL NAME OF CHILD Eloise Lucile Smith

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Nov. 3 1922

What bactericidal solution was used in eyes? Agnos

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Fred Marquis Smith	FULL MAIDEN NAME Veva May Rawley
RESIDENCE Nezperce, Idaho.	RESIDENCE Nezperce, Idaho.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Arizona	BIRTHPLACE Iowa
OCCUPATION Runs Oil station	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 8.45 A. M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Douglass, MD

(Physician or midwife)

Address Craigmont, Idaho.

Give names added from a supplemental report.

....., 19.....

Albert Huff
Registrar.

Filed 12-3 1922

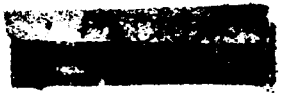
Albert Huff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. 13, 1940. E.W.

NOV 2 1973



254-104-031-238

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106782

County of Lewis

City of Nezperce, RFD 2

No. ..... St.

Registration District No. 47

File No. .....

Hospital .....

Primary Registration District No. .....

Registered No. 202

FULL NAME OF CHILD Loren Gene Knutson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	Yes	Nov 4 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Hans Knutson	FULL MAIDEN NAME	Cecilia Josephine Schafer
RESIDENCE	Nezperce, RFD	RESIDENCE	Nezperce, RFD
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Norway	BIRTHPLACE	Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap, M.D.

(Physician or midwife)

Address Craigmont, Idaho.

Give names added from a supplemental report.

..... 19....

Albert Huff
Registrar.

Filed 12-3 1922 Albert Huff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 8 1942

643-220-031-681

PLACE OF BIRTH

RECEIVED DEC 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce, RFD

No. ____ St.

Hospital ____

Registration District No. 47

Primary Registration District No. ____

File No. 106783

Registered No. 201

FULL NAME OF CHILD Delonis Marguerite Fuchs

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	Yes	Nov. 20 192 2.

What bactericidal solution was used in eyes? gno3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James J. Fuchs	FULL MAIDEN NAME	Marguerite Isabel Whalen
RESIDENCE	Nezperce, RFD	RESIDENCE	Nezperce, RFD
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Union Town, Wash.	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Dunlop, M.D.

(Physician or midwife)

Address Craigmont, Idaho.

Give names added from a supplemental report.

..... 19.....

Albert Huff
Registrar.

Filed 12-3 1922

Albert Huff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 3 1972

585-107-072-216

PLACE OF BIRTH

[redacted]

AMENDED CHILD'S BIRTHDATE 8-20-2001 MS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln.

City of

No. St.

Hospital

Registration District No. N. Shoshone. 16 File No. 106784

Primary Registration District No. 1016 Registered No. 57

FULL NAME OF CHILD Robert Cheney.

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	NOV. ~~10~~ 7 1922

What bactericidal solution was used in eyes? 10 % Argyrol.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Earl A. Cheney,	FULL MAIDEN NAME	Harriet M. Sawyer,
RESIDENCE	Shoshone, Idaho.	RESIDENCE	Shoshone, Idaho.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Michigan.	BIRTHPLACE	Washington.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9. P. M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Drane MD

Physician. (Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Shsohone, Idaho.

Filed Nov 9 1922 J L Fuller Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

8-16-2001

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } SS.
County of Ada }

Certificate No. 1922-106784

Date Filed NOV. 18, 1922

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth, Death, Marriage, etc.)

for ROBERT CHENEY (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on OCT. 7, 1922 (Date of Event)

in LINCOLN COUNTY IDAHO (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S BIRTHDATE	OCT. 7, 1922	NOV. 7, 1922

Subscribed and sworn to before me this 14th day of August, 2001.

Notary Public, Mary Schneider

Residing at Meridian Id

My commission expires 2-16-2006

(Seal)

MARY SCHNEIDER NOTARY PUBLIC STATE OF IDAHO

Robert K Cheney
Signature of Applicant

10404 S Valley Ave
Street Address, City, State

Island City Ore 97850

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed _____)
(Is not necessary X)

State of _____ } SS.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

MILITARY RECORD SHOWS ROBERT KEITH CHENEY BORN NOV. 7, 1922 IN SHOSHONE, IDAHO ENTERED THE NAVY ON SEP. 30, 1942 VIEWED VS.

INSURANCE POLICY ISSUED TO ROBERT K. CHENEY BORN NOV. 7, 1922 EFFECTIVE DATE AUG. 1, 1988

796-203-032-466

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16 File No. 106785

No. ..... St.

Primary Registration District No. 16 Registered No. 51

Hospital .....

FULL NAME OF CHILD Fanny Jane Groves

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 3 1922

FATHER		MOTHER	
FULL NAME	David Berger Groves	FULL MAIDEN NAME	Ethel Doolittle
RESIDENCE	Marley Ido	RESIDENCE	Marley Ido
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mo.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed Nov 4 1922 [signature]
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 3 1970

713-213-032-464

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln.

City of Detrick.

No. ..... St.

Hospital .....

Registration District No. 16 File No. 106786

Primary Registration District No. 2016 Registered No. 45

FULL NAME OF CHILD Phillis Elaine Patterson.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes.	9-13-22

What bactericidal solution was used in eyes? 20% Argyrol.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5.

FATHER		MOTHER	
FULL NAME	James W. Patterson.	FULL MAIDEN NAME	Lillian Dodds.
RESIDENCE	Kuna, Idaho.	RESIDENCE	Kuna, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Missouri.	BIRTHPLACE	Onaga, Kansas.
OCCUPATION	Contractor.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1-50 A. M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Deane MD.

Physician.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Shoshone, Idaho.

Filed Apr 13 1922 J L Fuller
Registrar.

OCT 26 1972

AUG 28 1942

MAR 28 1951

864.220-032.759

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16 File No. 106787

No. ..... St.

Primary Registration District No. 2016 Registered No. 49

Hospital Dill's

FULL NAME OF CHILD Alta Susan Youngkin.

Sex of Child Female

Twin Triplet or other? ___ and Number in order of birth ___ (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct 20 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Youngkin	FULL MAIDEN NAME	Myrtle Yvette Green
RESIDENCE	Richfield	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Wisconsin
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Dill M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address

Filed Oct 23 1922 J. L. Fuller Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

731-105-032-769

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED 1922

CERTIFICATE OF BIRTH

County of Lemhi

City of Shoshone

Registration District No. 16

File No. 106788

No. ____ St. ____

Primary Registration District No. 2016

Registered No. 48

Hospital ____

FULL NAME OF CHILD Benito Plaza

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Boy	—	—	Yes	Oct	5	1922

FATHER		MOTHER	
FULL NAME	Antonio Plaza	FULL MAIDEN NAME	Juana Gaitandia
RESIDENCE	Hagerman Ida	RESIDENCE	Hagerman Ida
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Dill
(Physician or midwife)

Address

Given names added from a supplemental report.

____ 19____

____
Registrar.

Filed Oct 23 1922 J L Fuller
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-226-032-635

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

RECEIVED NOV 1 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Shoshone Ida

Registration District No. 16 File No. 106789

No. ..... St.

Primary Registration District No. 1016 Registered No. 47

Hospital .....

FULL NAME OF CHILD Marie Young

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Archer Young	FULL MAIDEN NAME	Ester Fletcher
RESIDENCE	North Shoshone	RESIDENCE	North Shoshone
COLOR	White. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Calvin (born alive or stillborn), at 4 a — M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address [signature]

Registrar.

Filed Sept 28 1922 J L Fuller Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 21 1952

249-216.032-349

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16 File No. 106790

No. ..... St.

Primary Registration District No. 1014 Registered No. 48

Hospital .....

FULL NAME OF CHILD Grace Louise Smith.

Sex of Child Female | Twin Triplet or other? — and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 16 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Wm Smith	FULL MAIDEN NAME	Lenora M. Curtis
RESIDENCE	Shoshone,	RESIDENCE	Shoshone
COLOR	White. AGE AT LAST BIRTHDAY 50 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Calif.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar.

Filed Sept 18 1922 [signature] Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/2/19

753-117-032-412

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 10 1922

CERTIFICATE OF BIRTH

County of Lemhi

City of Shoshone

Registration District No. 16 File No. 106792

No. ..... St.

Primary Registration District No. 1016 Registered No. 46

Hospital Sick.

FULL NAME OF CHILD Louis Alma Peck Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	Twin	1st	Yes	Sept	17	1922

FATHER

FULL NAME Louis Alma Peck

RESIDENCE Shoshone

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION R.R. Exp.

MOTHER

FULL MAIDEN NAME Mary Lone Mann

RESIDENCE Shoshone

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Mo

OCCUPATION Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12-40 a M. on the date above stated.

(Signature) [signature] M.D.

(Physician or midwife)

Address .....

Filed Sept 18 1922 [signature] Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1942

AUG 28 1972

DECLASSIFIED

619-2-13-032-693

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. 2 mi N. 3/4 West St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

RECEIVED DEC

Registration District No. 17

File No. 106793

Primary Registration District No.

Registered No. 68

FULL NAME OF CHILD Dorthy Evaline Farmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 13 22

FATHER		MOTHER	
FULL NAME	Iven L Farmer	FULL MAIDEN NAME	Lola Withrow
RESIDENCE	Richfield 2mi N-3/4 W	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Bell Co Tex.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O R Bloom M. D. (Physician or midwife)

Address Richfield Ida

Filed Dec 9 1922 O R Bloom Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

Amended 11-12-59

PLACE OF BIRTH

639-22-9033-694

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 106794

Primary Registration District No. 2178 Registered No. 295

FULL NAME OF CHILD Florence Rose Olive

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 29, 1922

What bactericidal solution was used in eyes? Mercurochrome 2%

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Thomas Olive, Jr.	Rachel Widdison
RESIDENCE	Rexburg	Rexburg
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	Utah	Idaho
OCCUPATION	Carpenter	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

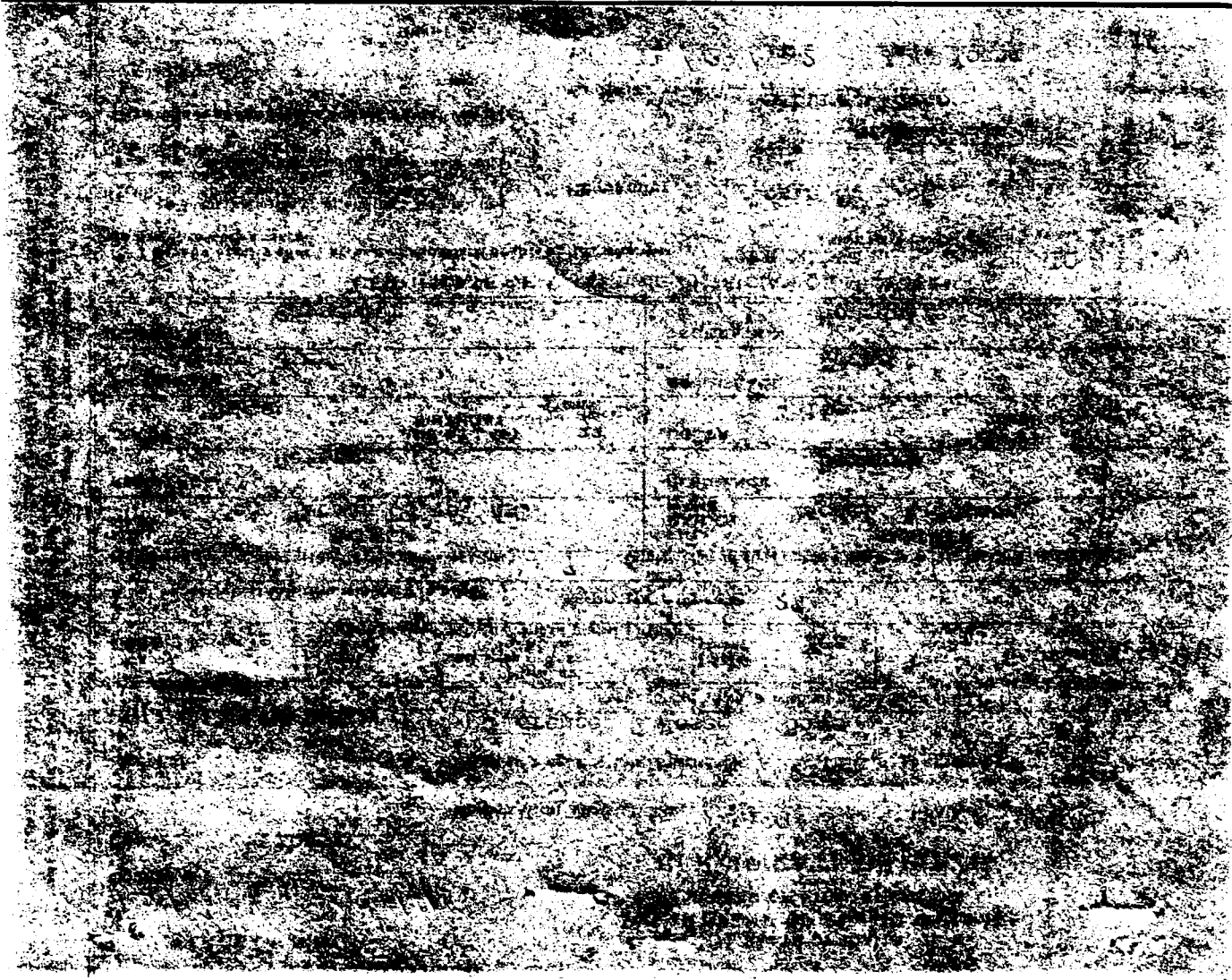
(Signature) Lorin F. Rich

M.D.
(Physician or midwife)

Address Rexburg, Idaho

Filed 11 / 29 / 1922 J.R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Documents listed on back --

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 106794

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Florence Rose Olive (Name on Original Certificate) who was born (Was Born or Died) on Sept 22, 1922 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	Sept 22, 1922	Sept 29, 1922
Father's Name	Thomas Olive	John Thomas Olive, Jr.

Subscribed and sworn to before me this 17th day of April, 1959
Saron L. Warner
Notary Public, residing at Aberdeen
My commission expires 8-15-62
(Seal)

Signed Rachel Widdison Olive
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 368 Aberdeen Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of April, 1959
Saron L. Warner
Notary Public, residing at Aberdeen
My commission expires 8-15-62
(Seal)

Signed Floyd D. Westover
(Signature of Any Credible Person)
Box 368 Aberdeen Idaho
(Street Address, City, State)

FORM DPH 55. 155

L. 4-16-59 1 copy pd

Father's Death Certificate on file, #57335, May 17, 1927 gives name as John Thomas Olive, Jr. - viewed by V.S.

Another Child's L.D.S. Church Record, taken from records of year 1919 - 18th Ward - West Pocatello Stake - Pocatello, Idaho gives Father's Name as John Thomas Olive, Jr. - viewed by V.S.

Statement from L.D.S. Church in Pocatello, Idaho states that from there records this child's name is Florence Rose Olive, born September 29, 1922 at Rexburg, Idaho to John Thomas Olive, Jr. and Rachel Widdison - viewed by V.S. Statement made out May 7, 1959 by Chester E. Dorsey, Bishop - records of 1922 -

Application to the Beneficial Life Insurance Co., Feb. 5, 1944 gives full name as Rose Florence Hill, birthdate as Sept. 29, 1922 and birthplace as Rexburg, Idaho - viewed by V.S. gives occupation as Student and Housewife -

L.D.S. Certificate of Blessing, April 5, 1942 gives full name of child as Linda Lee Hill, and parents names as John Leonard Hill and Rose Florence Olive - viewed by V.S.

1554619-205-033-395

PLACE OF BIRTH

Name added 6/26/81

County of Madison

City of Rexburg

No. _____ St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 106795

Hospital _____ Primary Registration District No. 178 Registered No. 294

FULL NAME OF CHILD Lucille Ward
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	10 5 1922

What bactericidal solution was used in eyes? Mercury Bichrome 2%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Clements Geo. Ward	FULL MAIDEN NAME	Alice Zinsmeister
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a M. on the date above stated.

(Signature) Lorin F. Rich

MD
(Physician or midwife)

Address Rexburg Idaho.

Filed 11/29 1922 Wyoming
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JUN 26 11 46 AM '81
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

Certificate No. 106795
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Ward (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 5, 1922 (Date of Event)

in Rexburg, ID Madison (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	unnamed	Lucille Ward

Subscribed and sworn to before me this 26th day of June, 1981.

Notary Public, Linda Adamson
Residing at Nampa
My commission expires 4-3-85
(Seal)

Lucille Jeffs
Signature of Applicant

2008 Lasuen, Caldwell, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

JUN 2 6 1981

Birth cert. of son John Orville Jeffs born 1/12/43 at Nampa gives mother as Lucille Marion Ward born Rexburg, ID. #366583
Viewed by V.S.

Social Security Card gives name as Lucille Ward Jeffs 518-22-0625
Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1556219-109.073-389

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106796

County of Madison

City of Burton

No. ..... St. Registration District No. 100 File No. .....

Hospital ..... Primary Registration District No. 2178 Registered No. 293

FULL NAME OF CHILD Marion Gene Barney
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	10 9 1922

What bactericidal solution was used in eyes? Mercury Chrome 2%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Jos. Ralph Barney	FULL MAIDEN NAME	Elsie Mary Christensen
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho.

Filed 11/29 1922 J. Wyoming
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

MAY 28 1942

~~15-7389-163-033-318~~

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106797

County of Madison
City of Rexburg
No. ..... St. ..... District No. 100 File No. .....
Hospital ..... Primary Registration District No. 2178 Registered No. 292

FULL NAME OF CHILD Lyle Christensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	10 13 1922

What bactericidal solution was used in eyes? Mercury Chrome 2%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

	FATHER	MOTHER
FULL NAME	Henry Oswald Christensen	Nettie Taylor
RESIDENCE	Rexburg	Rexburg
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	40
BIRTHPLACE	Utah	Utah
OCCUPATION	teacher	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Ida

Filed 11/29 1922 J. Reyong Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

6/30/41

28 PLACE OF BIRTH

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106795

County of Madison

City of Sunnydelle

No. ..... St.

Registration District No. 100 File No. .....

Hospital .....

Primary Registration District No. 2178 Registered No. 291

FULL NAME OF CHILD Marlin Louis Byrne
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	10 13 1922

What bactericidal solution was used in eyes? Mercury Chrome 2%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Irwin Louis Byrne	FULL MAIDEN NAME	Ida Eulella Sutton
RESIDENCE	Sunnydelle	RESIDENCE	Sunnydelle
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 11/29 1922 J Ryoung
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO.

DEPT. OF PUBLIC WELFARE.

JAN 6 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Sunnydell File No. 106798

(St. _____ Date of Birth October 13

(County Madison Sex of Child Male

Father Irvin L. Byrne Mother Cuella Byrne

I HEREBY CERTIFY that the child herein has been named:

Merlin Louis Byrne

Cuella Byrne.

Signature of Father or Mother.

APR 1 1942

APR 24 1968

DEC 9 1974

2-35-115-033-432

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Madison

City of Rexburg — February 7, 1947

No. ____ St. — Registration District No. 100 — File No. 106799

Hospital ____ — Primary Registration District No. 2178 — Registered No. 290

FULL NAME OF CHILD Joseph Wayne Stevens
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 15 1922

What bactericidal solution was used in eyes? Murcury Chrone 2%

Number of child of this mother, including present birth 7 — Number of children of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: Joseph Franklin Stevens	FULL MAIDEN NAME: Martha R. McKinlay
RESIDENCE: Rexburg	RESIDENCE: Rexburg
COLOR: White — AGE AT LAST BIRTHDAY: 42 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:15A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

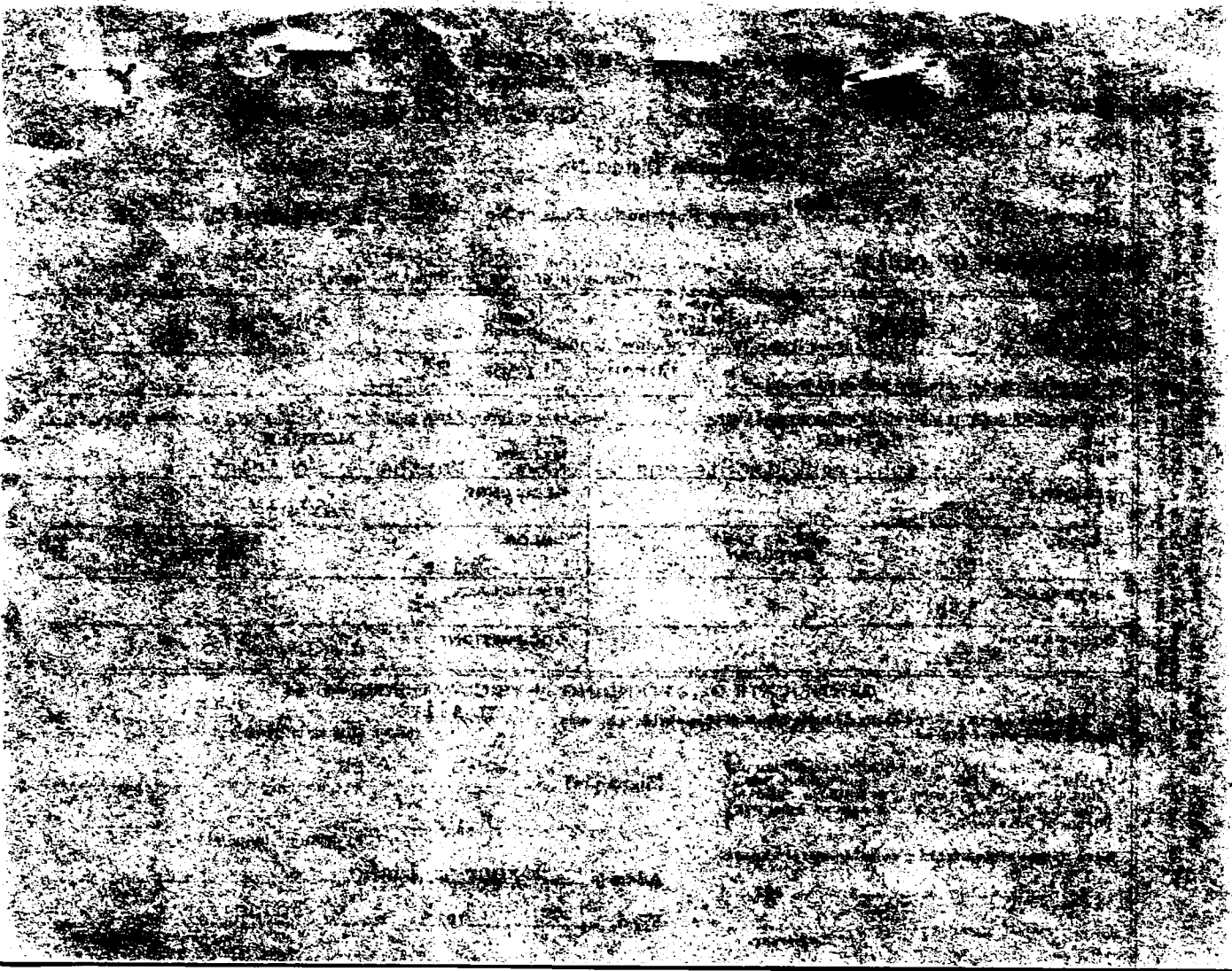
..... Registrar.

(Signature) Lorin F. Rich

M.D. (Physician or midwife)

Address Rexburg, Idaho

Filed 11/29 1922 J. R. Young Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 106799
County of Teton } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Joseph Waine Stevens (Name on Original Certificate) who Was born (Was Born or Died) on Oct 25, 1922 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Joseph Waine Stevens	Joseph Wayne Stevens

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mrs. A. J. Fullmer,
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 84 Tetonia, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Teton }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of Feb, 1947

[signature]
Notary Public, residing at Tetonia
My commission expires Jan 6, 1949
(Seal)

Signed Mattie R. Miner
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FEB 8 19

Amended 4-24-63

235-11-9033-612

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 106800
Local Reg. No. 289
Reg. Dist. No. 100

1. PLACE OF BIRTH

a. COUNTY: Madison

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plano

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Madison

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plano

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Darius b. (Middle): Hamilton c. (Last): Steel

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): 10 - 19 - 1922

FATHER OF CHILD

7. FULL NAME

a. (First): James b. (Middle): Hamilton c. (Last): Steel

8. COLOR OR RACE: White

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Myrtle b. (Middle): Pearl c. (Last): Oakey

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Lorin F. Rich, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Rexburg, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 11/29/1922

20. REGISTRAR'S SIGNATURE: J.R. Young

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREGNANCY WEEKS:

22b. WEIGHT AT BIRTH LBS. OZS.:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Approximate date.....

Name prophylactic used to prevent Ophthalmia Neonatorum: Murcury Chrome 2%

Form DPH-48001

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by r cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED APR 23 1963 Bureau of Vital Statistics

Certificate No. 106800

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Steele (male child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 19, 1922 (Date of Event)

in Plano, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Darius Hamilton Steel
Full Name of Father	Jas. Hamilton Steele	James Hamilton Steel

Subscribed and sworn to before me this 30 day of APRIL, 1963.

Eugene E Black

Notary Public, residing at Shelley

My commission expires 4-30-64

(Seal)

Signed [redacted] James H. Steel

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

R No 2 Rexburg Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of APRIL, 1963.

Eugene E Black

Notary Public, residing at Shelley

My commission expires 4-30-64

(Seal)

Signed Myrtle Pearl Oakey Steel

(Signature of Any Credible Person)

Rexburg, Idaho, R#2.

(Street Address, City, State)

FORM DH 60-155 CL 3-13-63. one copy pd. rec. #01487.

Another Child's Birth Cert. on file: (Idaho Birth) #131735 gives full name of father as James Hamilton Steel - viewed by V.S.

L.D.S. Church Certificate of Blessing, Nov. 5, 1922 gives full name as Darius Hamilton Steel, son of James Hamilton Steel and Myrtle Pearl Oakey, born Oct. 19, 1922 at Plano, Idaho - viewed by V.S.

Cert. Copy of Honorable Discharge, copy issued May 17, 1946, U.S. Navy, date of discharge-Feb. 13, 1946 gives full name as Darius Hamilton Steel, born Oct. 19, 1922 at Plano, Idaho - date of enlistment June 19, 1944 - viewed by V.S.

1449-12-033-69

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 106801

Registered No. 188

County of Madison

City of Sunnydell

No. ..... St.

Registration District No. 100

Hospital ..... Primary Registration District No. 2178

FULL NAME OF CHILD Jack Muir

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	10-22-1922

What bacterieidal solution was used in eyes? 2% Mercuro-Chrome

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Jos Leroy Muir	FULL MAIDEN NAME	Velma Stilson
RESIDENCE	Sunnydell	RESIDENCE	Sunnydell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	N. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

MD (Physician or midwife)

Address Rexburg Idaho

Filed 11/29 1922 Wyoming

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

NOV 18 1941

[redacted]

1562

319.222.033-466

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106802

County of Madison
City of Rexburg
No. ..... St.
Hospital
Primary Registration District No. 100
Registered No. 287
File No. 2178

FULL NAME OF CHILD Athelean Carlson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	10 22 1922

What bactericidal solution was used in eyes? Mercuric Chrome 2%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Carlson	Grace May Moores
RESIDENCE	Rexburg	Rexburg
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	41	31
BIRTHPLACE	New York	Minn.
OCCUPATION	Laborer	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 9:35 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin A Rich
MD
(Physician or midwife)
Address Rexburg Ida

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed 11/29 1922 J W Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

RECEIVED

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Rexburg

(St. _____

(County Madison

File No. 106802

Date of Birth Oct 22

Sex of Child Female

Father Charles Carlson Mother Grace Carlson

I HEREBY CERTIFY that the child herein has been named:

Athelean Carlson

Charles Carlson

Signature of Father or Mother.

1562

295-124.033-257

PLACE OF BIRTH

name added 10-17-84 dl

County of Madison

City of Burton

No. ..... St.

Hospital .....

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 106803

Primary Registration District No. 478 Registered No. 286

FULL NAME OF CHILD Terrell K Siepert
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	10-24 1922

What bactericidal solution was used in eyes? Mercury Chrome 2%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ervin Mont Siepert	FULL MAIDEN NAME	Rachel Florence Keffner
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorice F. Rech
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 11/29 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

10-4-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED BUREAU OF VITAL STATISTICS
OCT 10 AM '84

State of _____
County of _____ } ss.

Certificate No. 106803
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Siepert (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 24, 1922 (Date of Event)

in Burton (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Terrell K Siepert

Subscribed and sworn to before me this 7th day of October, 19 84

Notary Public, [signature]
Residing at Rexburg
My commission expires 4/1
(Seal)

x Terrell K. Siepert
Signature of Applicant
x Route 4 Box 47 Rexburg, ID
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of MADISON } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of October, 19 84

Notary Public, [signature]
Residing at Rexburg
My commission expires 4/1
(Seal)

Rachel
Florence Keppner Siepert
Supporting Signature
R 1 Box 278 Rexburg Idaho 83440
Street Address, City, State

Rec

Honorable Discharge from U.S. Marine Corp lists Terrell Keppner Siepert was discharged Sept 16, 1945. Viewed by V.S.

High School Diploma from Madison High School in Rexburg, Idaho lists Terrell K. Siepert graduated on May 23, 1941. Viewed by V.S.

JAN 20 1987

168-126-033-595

PLACE OF BIRTH

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106804

County of Madison
City of Salem
No. ..... St.
Hospital

Registration District No. 100
Primary Registration District No. 2178
File No.
Registered No. 285

FULL NAME OF CHILD Keith Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Oct. 26 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth: ....
Number of children of this mother now living, including present birth: ....

FATHER		MOTHER	
FULL NAME	William Julius Johnson	FULL MAIDEN NAME	Lillian Vilate Nielson
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Hyrum Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) T. A. Ellison, M. D.
Physician
(Physician or midwife)
Address Sugar City, Idaho

Filed 11/29 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

COP OF 22-302959

1564

365-227073-415

PLACE OF BIRTH

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106805

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 284

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	10 27 1922

What bactericidal solution was used in eyes? Mercury Chrome 2%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Douglas Wilding Lord	FULL MAIDEN NAME	Afton Davis
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Accountant	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis L. Keck M.D.
(Physician or midwife)

Address Rexburg Idaho.

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed 11/29 1922 W. Wyoming
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1565

843.202-033-965

PLACE OF BIRTH

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. 328 E Main St.

Hospital

Registration District No. 100

File No. 106806

Primary Registration District No. 2179

Registered No. 283

FULL NAME OF CHILD VENICE HILL
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov 2 192 2

What bactericidal solution was used in eyes? 2% mercuro-chrome

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Harry Hill	FULL MAIDEN NAME	Ida Zoellinger
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	R. Route Mail Carrier	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Lorin A. Rich, MD
(Physician or midwife)

Address Rexburg Idaho.

Filed 11/29 192 2 J. W. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 106806

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Venice Hill (Name on Original Certificate) who was Born (Was Born or Died) on Nov. 2, 1922 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by memory of Parent (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Venice Hill

Subscribed and sworn to before me this 19th day of July, 1943

Joseph A. Parker

Notary Public, residing at Rexburg, Idaho.

My commission expires Aug. 6th 1943.
(Seal)

Signed Harriet Hill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

328 East Main, Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Madison } ss.
County of Idaho }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of July, 1943

Joseph A. Parker

Notary Public, residing at Rexburg, Idaho

My commission expires Aug. 6th 1943.
(Seal)

Signed Don R. Grover
(Signature of Any Credible Person Other Than Previous Year)

61 North 3rd East St.
Rexburg Idaho
(Street Address, City, State)

JUL 2 3 1943

1566.

251-207-033-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 6 ...
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Burton

No. ..... St.

Hospital .....

Registration District No. 100 File No. 106808

Primary Registration District No. 2178 Registered No. 281

FULL NAME OF CHILD Thailia Beattie
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	11 - 7 - 1922

What bactericidal solution was used in eyes? 2% mercuro-chrome

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Marcellus Beattie	FULL MAIDEN NAME	Bessie Maria Green
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	61	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich

MD
(Physician or midwife)

Address Rexburg Idaho

Filed 11/29 1922 J. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1567

653-108-033-235

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106809

County of Madison
City of Rexburg
No. 70-W-Main St.
Registration District No. 108
File No.
Hospital
Primary Registration District No. 278
Registered No. 289

FULL NAME OF CHILD Russel Dean Wellard
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		Yes	11-8-192 2

What bactericidal solution was used in eyes? 2% Mercuy Chrome

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Stanley Raymond Wellard	FULL MAIDEN NAME	Elsie Steinmann
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Germany
OCCUPATION	Plasterer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5-06 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Peck. M.D.
(Physician or midwife)

Address Rexburg Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 11/29 192 2 Wyoming
Registrar.

STATE OF IDAHO
DEPARTMENT OF

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth: City Rexburg

St. Idaho

County Madison

File No. 106809

Date of Birth 8 November

Sex of Child Male

Father Stanley

Mother Elsie

I HEREBY CERTIFY that the child herein has been named:

Russel Dean Helland

Elsie Helland.

Signature of Father or Mother.

RECEIVED
DEC 20 1922
BUREAU OF VITAL STATISTICS

1568

294-110-033-863

PLACE OF BIRTH

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. 127 - S. Center St.

Registration District No. 100 File No. 106810

Hospital

Primary Registration District No. 2178 Registered No. 279

FULL NAME OF CHILD Francis Holley Siddoway
(Certificate of no value without full name of child.)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 11-10-1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% Mercurio chrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frank Harris Siddoway	FULL MAIDEN NAME	Mabel Holley
RESIDENCE	Teton City	RESIDENCE	Teton City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Merchandise	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:00 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg, Idaho

Filed 11/29 1922 J. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]

DEPARTMENT OF PUBLIC [illegible]

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18/22 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Rexburg

(St. Center St.

(County Madison

File No. Ma 106810

Date of Birth Nov. 10, 1922

Sex of Child Male

Father Harries Siddoway Mother Mabel Halley

I HEREBY CERTIFY that the child herein has been named:

Francis Halley Siddoway.

Mrs. Mabel Siddoway.

Signature of Father or Mother.

JUL 9 1942

1569

695-110-033-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Registration District No. 100 File No. 106811

Hospital ..... Primary Registration District No. 2178 Registered No. 278

FULL NAME OF CHILD Vern Winmill Winter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	11 - 10 - 1922

What bactericidal solution was used in eyes? 2% Mercuro-chrome

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	George William Winter	FULL MAIDEN NAME	Tacy Luella Winmill
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Hardware clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich

MD
(Physician or midwife)

Address Rexburg Idaho

Filed 11/29 1922 J. Nyong
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO.

DEPARTMENT OF [illegible]

RECEIVED
FEB 19 1923
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Sugar File No. 106811

(St. Idaho Date of Birth Nov. 10, 1922

(County Madison Sex of Child Male

Father Geo W. Winter Mother Lucy W. Winter

I HEREBY CERTIFY that the child herein has been named:

Vern Winmill Winter

Lucy W. Winter.

Signature of Father or Mother.

299-210-033-218

PLACE OF BIRTH

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

County of Madison

City of Archer

No. ..... St.

Hospital .....

Registration District No. 100

File No. 106812

Primary Registration District No. 2178

Registered No. 277

FULL NAME OF CHILD Margaret Bernice Briggs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Nov 10 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lester Luke Briggs	FULL MAIDEN NAME	Mary Lilly Bayliff
RESIDENCE	Archer	RESIDENCE	Archer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Lyman Idaho	BIRTHPLACE	Millom Cumberland England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:15 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Bernice Briggs

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Thornton Idaho R. F. D. #1

..... Registrar

Filed 11/29 1922 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC ASSIST

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED DEC 19 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { City Archer

St. _____

County Madison

File No. 106812

Date of Birth Nov. 10. 1922

Sex of Child Female

Father Lester Luke Briggs Mother Mary Lilly Bayliff

I HEREBY CERTIFY that the child herein has been named:

Margaret Berneice Briggs

Lester Luke Briggs

Signature of Father or Mother.

APR 9 1943

993-114-0337155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Madison

City of Sugar City

No. ..... St.

Registration District No. 100

File No. .....

Hospital .....

Primary Registration District No. 2178

Registered No. 276

CERTIFICATE OF BIRTH

106813

FULL NAME OF CHILD Garth A. Ricks
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
male	\		\	yes	Nov.	14	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Alfred Ricks Jr.	FULL MAIDEN NAME	Rachel Jenkins
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Salem	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T A Ellison M.D.
Physician
(Physician or midwife)

Address Sugar City Idaho

Filed 11/29 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1969

OCT 1 1942

719-114-033-391

PLACE OF BIRTH

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar City

No. ..... St.

Registration District No. 100 File No. 106814

Hospital .....

Primary Registration District No. 2178 Registered No. 275

FULL NAME OF CHILD Ross J. Garner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	yes	Nov. 14 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Lyman Jasper Garner	FULL MAIDEN NAME	Bertha Crandall
RESIDENCE	Sugar City.	RESIDENCE	Sugar City.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ogden	BIRTHPLACE	Huntington, Utah.
OCCUPATION	Sheepraising + Farming	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T A Ellison, MD.

Physician
(Physician or midwife)

Address Sugar City, Idaho.

Filed 11/29 1922 J Young
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1570

243-220-033-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Sugar
No. ..... St.
Hospital .....

Registration District No. 400 File No. 106815
Primary Registration District No. 2178 Registered No. 274

FULL NAME OF CHILD Loraine Butler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	11 - 20 - 1922

What bactericidal solution was used in eyes? 2% Mercurochrome

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Victor Charles Butler	FULL MAIDEN NAME	Mary Belle Garner
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Merchant.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Karin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 11/29 1922 J. Wyoming
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Sugar

St. _____

County Madison

File No. 106815

Date of Birth Nov 20th

Sex of Child Female

Father Victor C Butler Mother Belle Garner Butler

I HEREBY CERTIFY that the child herein has been named:

Lorayne

Belle G. Butler.

Signature of Father or Mother.

MAY 7 1971

1571

(52-222-033-595)

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106816

County of Madison

City of Sunny Hill

No. ..... St.

Registration District No. 100

File No. 106816

Hospital .....

Primary Registration District No. 2178

Registered No. 273

FULL NAME OF CHILD Stella Aeschbacher

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	11-22-1922

What bactericidal solution was used in eyes? 1% mercuric-chrom

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Carl Aeschbacher	FULL MAIDEN NAME	Geneva Niederer
RESIDENCE	Sunny Hill	RESIDENCE	Sunny Hill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:20 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Registrar.

(Signature) Lorin L. Nash MD

(Physician or midwife)

Address Rexburg Idaho

Filed 11/29 1922 J. R. Young

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
~~City~~ Town Archer
St.
County Madison

File No. 106816
Date of Birth Nov 22
Sex of Child Female

Father Carl Aeschbacher Mother Geneva M. Aeschb

I HEREBY CERTIFY that the child herein has been named:

Stella Aeschbacher

Carl Aeschbacher
Signature of Father or Mother.

JUL 31 1975

Jacher

1572

236-123-033-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

CERTIFICATE OF BIRTH

County of Madison

City of Lyman

No. ..... St.

Registration District No. 100 File No. 106817

Hospital ..... Primary Registration District No. 178 Registered No. 272

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	11-23-1922

What bactericidal solution was used in eyes? 2% Mercuro-chrome

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

	FATHER	MOTHER
FULL NAME	Roy Stockham	FULL MAIDEN NAME Sophia Johnson
RESIDENCE	Lyman	RESIDENCE Lyman
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	51	45
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Lorin L. Rich M.D.
(Physician or midwife)

Address Rexburg Idaho.

Filed 12/7 1922 J. W. Lyon Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-127-033-514

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

County of Madison
City of Sugar City
No.
Hospital
Registration District No. 100
Primary Registration District No. 2178
File No. 106818
Registered No. 271

FULL NAME OF CHILD Dow. Kirkham
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Nov. 27 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Benjamen Franklin Kirkham	FULL MAIDEN NAME	Ada Luella Eames
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) I A Ellison MD.
Physician
(Physician or midwife)
Address Sugar City, Idaho.

Filed 12/9 1922 J R Symons
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1573

643-230-033-514

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Registration District No. 100 File No. 106819

Hospital .....

Primary Registration District No. 2178 Registered No. 270

FULL NAME OF CHILD Rosie Jane Trellmer
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 11-30-1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% mercuro-chrome

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ernest David Trellmer	FULL MAIDEN NAME	Ina Eames
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:55 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

MW
(Physician or midwife)

Address Rexburg Idaho

Filed 11/29 1922 J. R. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { City [illegible] File No. 106819

St. Idaho Date of Birth Nov. 30, 19

County Madison Sex of Child Female

Father E. D. Fullmer Mother Ina Fullmer

I HEREBY CERTIFY that the child herein has been named:

Roxie Jane Fullmer

Mrs. Ina Fullmer

Signature of Father or Mother.

RECEIVED DEC 26 19 VITAL

695-128-033-413

PLACE OF BIRTH

RECEIVED DEC 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106820

County of Madison

City of Sugar

No. ..... St.

Registration District No. 100 File No. .....

Hospital .....

Primary Registration District No. 2178 Registered No. 269

FULL NAME OF CHILD James Winnmill
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No	✓	yes	11-28-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag No3 1% Sol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joseph Smith Winnmill	FULL MAIDEN NAME	Ethel Margaret Mathie
RESIDENCE	Sugar City Ida	RESIDENCE	Sugar City Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Thayne Wyo.
OCCUPATION	Farmer	OCCUPATION	house-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Sutherland M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Rexburg Idaho

Filed 11/29 1922 J. Wyoming Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PARKS.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full names included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Sugar City

(St. [illegible]

(County Madison

File No. 106820

Date of Birth [illegible]

Sex of Child Male

Father [illegible] Mother Ethel M. Wim[illegible]

I HEREBY CERTIFY that the child herein has been named:

[illegible]

[illegible]

Signature of Father or Mother.

RECEIVED JAN 2

Died Nov 28 1923

249-222-033-264

PLACE OF BIRTH

RECEIVED DEC 6 192[illegible] BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 106

File No. 106821

Primary Registration District No. 2178

Registered No. 268

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	no	✓	yes	11-22-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silvol - 20% sol

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Nephi Plain Smith	FULL MAIDEN NAME	Carrie Southworth
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Logan Utah	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	house-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Sutherland M.D.

M.D.
(Physician or midwife)

Address Rexburg - Idaho

Filed 11/29 1922 J. Reynolds Registrar.

~~Give names added from a supplemental report.~~

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 1966

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]IRTH

391 [redacted]-022-243

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 6 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Registration District No. 100 File No. 106822

Hospital ..... Primary Registration District No. 2178 Registered No. 267

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No (To be answered only in event of plural births)	✓	Yes	11 - 12 1922

What bacterioidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thaddeus Otto Crawley	Marion Leola Butt
RESIDENCE	Teton - Ida	Teton - Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	25 (Years)
BIRTHPLACE	Lewiston - Utah	Teton - Idaho
OCCUPATION	Farmer	House - wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at** 1:00 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) W. Southerland M.D.
(Physician or midwife)

Address Rexburg - Idaho

Filed 12/9 1922 J. Rogers Registrar.

693-244 [redacted] 99

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AL CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. ..... St.
Hospital .....

Registration District No. 100 File No. 106823
Primary Registration District No. 2178 Registered No. 266

FULL NAME OF CHILD Ardella Willis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	no		V	yes	11-11-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate - 1% sol.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	George Willis	FULL MAIDEN NAME	Jessie Virgin
RESIDENCE	Rexburg -	RESIDENCE	Rexburg
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	England	BIRTHPLACE	Bear Lake Co. Idaho
OCCUPATION	Farmer	OCCUPATION	house-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:42 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Sutherland
M. D.
(Physician or midwife)

Address Rexburg Idaho

Filed 11/29 1922 J. Wyoming
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho, 12/18

RECEIVED
JAN. 6 - 1923
VITAL
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { City Salem
St.
County Madison

File No. 106828

Date of Birth November 1

Sex of Child Female Male

Father George Willis Mother Jessie Willis

I HEREBY CERTIFY that the child herein has been named:

Ardella Willis

George Willis

Signature of Father or Mother.

SEP 30 1942

1922,

289-211-038-81

PLACE OF BIRTH

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No.

Hospital

Registration District No. 100

Primary Registration District No. 2178

File No. 106824

Registered No. 265

Full Name of Child Michiko Shiratori

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Girl			Yes.	11 11 1922

FATHER		MOTHER	
FULL NAME	Tsunesaki Shiratori	FULL MAIDEN NAME	Tomiko Hagihara
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	Jap — AGE AT LAST BIRTHDAY 44 (Years)	COLOR	Jap — AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Laberor	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12-10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Mae Nelson

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

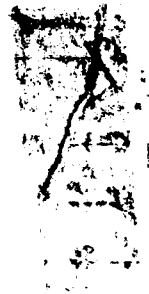
Address

Filed 11/29 1922 J. V. Young Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


MAR 1 1955

259-103-033-689

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Plano

No. — St.

Hospital —

Registration District No. 100 File No. 106825

Primary Registration District No. 2178 Registered No. 264

FULL NAME OF CHILD MAX LAYMAN SEIPERT
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	no		✓	yes	11 - 3 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? $AgNO_3$ 1% sol.

Number of child of this mother, including present birth 6th Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Roman Richard ~~Seifert~~ SEIPERT	FULL MAIDEN NAME	Mary Layman White
RESIDENCE	Plano	RESIDENCE	Plano
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Camp Floyd - Utah	BIRTHPLACE	Weber County - Utah
OCCUPATION	Farming	OCCUPATION	house - wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Sutherland
M.D.
(Physician or midwife)

Address Rexburg Idaho

Filed 11/29 1922 J. Rexburg
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 - 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Lassen }

Certificate No. 106825

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Unnamed Siepert (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 3rd, 1922 (DATE OF EVENT) in Plano, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Church Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec. 3rd, 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Siepert	Seipert
Name	Unnamed	Max Layman Seipert

Subscribed and sworn to before me this 1st day of October, 42.

Martha Julia Hause

Notary Public, residing at Westwood, Calif.

My commission expires March 19th, 1946

(SEAL)

Signed Mary Layman Seipert

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON.)

621 Delwood Westwood Calif

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Lassen }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of October, 42.

Martha Julia Hause

Notary Public, residing at Westwood, Calif.

My commission expires March 19th, 1946

(SEAL)

Signed Roman R. Seipert

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

621 Delwood Westwood, Calif

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

OCT 6 1942

253-128-0.33-846

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Registration District No. 100 File No. 106826

Hospital no

Primary Registration District No. 7178 Registered No. 263

FULL NAME OF CHILD Donald Reed Bell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	no		✓	yes	10 - 28 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Neo-Silvol - 15%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Orville Milton Bell	FULL MAIDEN NAME	Delores Anna Huff
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Rexburg - Ida	BIRTHPLACE	Teton - Ida
OCCUPATION	Farming	OCCUPATION	house-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Sutherland
M.D.
(Physician or midwife)

Address Rexburg - Ida

Filed 11/29 1922 J. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho

RECEIVED FEB 3 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth: City Rexburg, St. Idaho, County Madison

File No. 106826

Date of Birth 28th Oct.

Sex of Child Male

Father O. M. Bell

Mother Mrs. Delois Bell

I HEREBY CERTIFY that the child herein has been named:

Donald Reed Bell.

Mrs. O. M. Bell

Signature of Father or Mother.

JUN 2 9 1959

NOV 2 7 1944

352-220-033-681

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Sugar City
No. ____ St.
Registration District No. 100
File No. 106827
Hospital ____
Primary Registration District No. 2178
Registered No. 262

FULL NAME OF CHILD Toshiye Teshirogi
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 20 1922

What bactericidal solution was used in eyes? Argyrol 15%

Number of child of this mother, including present birth 4 — Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Teiji Teshirogi	Hanako Oyama
RESIDENCE	Sugar City	Sugar City.
COLOR	Yellow	Yellow
AGE AT LAST BIRTHDAY (Years)	32	23
BIRTHPLACE	Japan	Japan
OCCUPATION	Farmer	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 6 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) J. A. Ellison M.D.
(Physician or midwife)
Address Sugar City Idaho

Filed 11/29 1927 [signature] **Registrar.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

As requested

BUREAU OF VITAL STATISTICS

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

LEWIS WILLIAMS
SPECIAL AGENT

Boise, Idaho

BIRTH REGISTRATION IS A PART OF EVERY CHILD'S BIRTHRIGHT
DO YOUR DUTY BY YOUR CHILD AND COMPLETE THE CERTIFICATE

Dear Madam:

IDAHO is now in the United States Birth Registration Area and it is essential that birth certificates be made complete in every particular. Kindly fill in the information requested below and return at your earliest convenience. A franked envelope, which requires no postage, is enclosed for your use in returning the same. A government certificate for your baby will be forwarded you upon receipt of this blank.

Thanking you in advance for your courtesy in taking care of this matter immediately in order that the records may be completed, I am,

Sincerely yours,
Lewis Williams
Lewis Williams
Special Agent, Bureau of the Census

PLEASE WRITE PLAINLY

FULL NAME OF CHILD Toshiye Teshirogi

PLACE OF BIRTH Sugar City, Idaho

DATE OF BIRTH October 20, 1922

SEX OF CHILD Female

1. Number of children born to this mother, including present birth 4
2. Number born alive and now living 4
3. Number born alive but now dead 0
4. Number of children born dead 0

FATHER	MOTHER
Harry Teiji Teshirogi (Full name)	Hamako Oyama (Full Maiden Name)
Sugar City, Idaho (Residence)	Sugar City, Idaho (Residence)
Age at last birthday 32	Age at last birthday 23
Japan (Birthplace)	Japan (Birthplace)
Farmer (Occupation)	Hswf. (Occupation)

NOV 9 1963

313-115-033-294

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106828

County of Madison

City of Thornton (Sunny Dell) Registration District No. File No.

No. St. Primary Registration District No. Registered No.

Hospital

Full Name of Child Jerry Edward Calvert

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male				Yes	October 15 22

FATHER	MOTHER
FULL NAME: Charles E. Calvert	FULL MAIDEN NAME: Bertha M. Kimball
RESIDENCE: Twin Falls, Idaho	RESIDENCE: Twin Falls, Idaho
COLOR: White	COLOR: Wh
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Forest City, Minnesota
OCCUPATION: Shop Foreman of Garage	OCCUPATION: Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Sutherland M D

Rexburg, Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.... Registrar

Address .....

Filed Nov 29 1922 Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-109-9 33 - 13-3

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106829

County of Madison

City of Rexburg

No. ..... St.

Registration District No. 106 File No. .....

Hospital .....

Primary Registration District No. 7178 Registered No. 260

FULL NAME OF CHILD ALLEN STEPHEN Chandler
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	no	✓	Yes	10 - 9 1922

What bacterieidal solution was used in eyes? Neo-Silvol 1.0% Solution

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Steven George Chandler Jr.	FULL MAIDEN NAME Leah Allen
RESIDENCE Rexburg Ida.	RESIDENCE Rexburg
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Plano-or Rexburg	BIRTHPLACE Leviston - Utah.
OCCUPATION Farming	OCCUPATION house-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:45 P M.
(Born alive or stillborn)
on the date above stated.

(Signature) W. L. Sutherland M.D.
(Physician or midwife)

Address Rexburg - Idaho

Filed 4-9 1923 D Young
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2-3 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 106829

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Allen Stephen Chandler (Name on Original Certificate) who was born (Was Born or Died) on October 9th, 1922 (Date of Event)

in Parker, Idaho (Place of Event) were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on November 1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Allen Stephen Chandler

Subscribed and sworn to before me this 21st day of October, 19 42

W. L. Brewrink, Clerk of the District Court

Notary residing at Idaho Falls, Idaho

(Seal)

By Grace McIntosh Deputy

Signed Leah A. Chandler

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

395 3rd Street

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 26 1942

NOV 26 19[redacted]

693-208-033-136

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Thornton Idaho

No. ..... St. ..... Registration District No. 100 File No. 106830

Hospital ..... Primary Registration District No. 2178 Registered No. 299

FULL NAME OF CHILD Dorothy Helen Wilson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	no	1	yes	10 - 8 1922

What bacterieidal solution was used in eyes? Neo-Silvol - 10% sol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Thomas Harry Wilson	FULL MAIDEN NAME	Mealthea Attwood
RESIDENCE	Thornton Idaho	RESIDENCE	Thornton Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Bristol - England	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Ogden Utah
		OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W. W. Sutherland M.D.
(Physician or midwife)

Address Rexburg - Idaho

Filed 10/29 1922 J. Ryan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho, _____ 1919

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Thornton

(St. _____

(County Madison

File No. 106830

Date of Birth October 8- 1922

Sex of Child Female

Father Thos. Harry Wilson Mother Wealthea Wilson

I HEREBY CERTIFY that the child herein has been named:

Dorothy Helen Wilson

Mrs. Wealthea Wilson

Signature of Father or Mother.

154-106-033-415

PLACE OF BIRTH

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106831

County of Madison
City of Rexburg
No. ..... St.
Hospital no

Registration District No. 100 File No. .....
Primary Registration District No. 7178 Registered No. 258

FULL NAME OF CHILD Leland Ormar Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No (To be answered only in event of plural births)	1	yes	9 4 1922

What bacterieidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 3rd Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Archie Anderson	FULL MAIDEN NAME	Hazel Davis
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mail Carrier	OCCUPATION	House - wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. W. Sutherland M.D.
(Physician or midwife)

Address Rexburg - Idaho

Filed 11/29 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPT. OF PUBLIC WELFARE.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS

* * * * * * * *

Place of Birth (City Rexburg

(St.

(County Madison

File No. 106831

Date of Birth Sept. 4

Sex of Child Male

Father Archie F Anderson Mother Hazel Anderson

I HEREBY CERTIFY that the child herein has been named:

Leland Omar Anderson.

Hazel Anderson

Signature of Father or Mother.

1242

22.

JAN 2 1952

689-104-034-569

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 106834

Primary Registration District No. 2015 Registered No. 157

FULL NAME OF CHILD Hugh Myron Whittaker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Oct 4 1922

What bactericidal solution was used in eyes? 2% Silver nitrate

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Zenos LeRoy Whittaker	FULL MAIDEN NAME	Beatrice Norton
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Elmore

M.D.
(Physician or midwife)

Address Rupert Idaho

Filed Oct 6 1922 E H Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18

RECEIVED MAR 3 BUREAU OF STATIS

Dear Madam:

The name of your baby was not filed in on the birth c ficate sent to this office. It is of vital importance to have the name included in the record. Kindly fill in the information reques in the blank below and return this sheet at your earliest convenien in the enclosed self-addressed envelope.

BUREAU OF VITAL STAT

* * * * * * * *

Place of Birth

City Rupert

St.

County Minidoka

File No. 106834

Date of Birth

Sex of Child Male

Father J. L. Whittaker Mother Beatrice No

I HEREBY CERTIFY that the child herein has been named:

Hugh Myron Whittaker

J. L. Whittaker

Signature of Father or Mot

JAN 16 1943

884-1122-03K

PLACE OF BIRTH 291

RECEIVED NOV 15 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 106835

Primary Registration District No. 2015 Registered No. 158

FULL NAME OF CHILD Laron Deloss Hyde Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Oct 22nd 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Laron Deloss Hyde	FULL MAIDEN NAME	Rhoda Brodshaw
RESIDENCE	Rupert, Idaho	RESIDENCE	Rupert, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Wyoming	BIRTHPLACE	Utah
OCCUPATION	Dentist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Rupert Idaho
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Address .....

Filed Oct. 29 1922 Ett Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 14 1954

FEB 16 1946

249-125-034-294

PLACE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 18 1922

CERTIFICATE OF BIRTH 106836

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 159

FULL NAME OF CHILD William Luther Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 25 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lloyd Luther Smith	FULL MAIDEN NAME	Hazel Mae Simmons
RESIDENCE	Minidoka Co Idaho	RESIDENCE	Minidoka Co. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Leland Frazier

Physician
(Physician or midwife)

Address Rupert, Idaho

Filed Oct 29 1922 E. D. Edmonds Registrar.

APR 15 1964

MAY 10 1945

A99.12 Ag2

993-116-034-265

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka NOV 15 1922

City of Rupert STATE BUREAU OF VITAL STATISTICS

No. ____ St. Registration District No. 19 File No. 106837

Hospital ____ Primary Registration District No. 2013 Registered No. 160

FULL NAME OF CHILD Wallis Jerre Rice
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 16th 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Wallis A. Rice	FULL MAIDEN NAME	Jennie B. Sweet
RESIDENCE	Rupert, Idaho	RESIDENCE	Rupert, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farm Laborer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 25 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician

(Physician or midwife)

Address Rupert, Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Oct 30 1922 E. V. Elmore Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1943

29-209-034-636

PLACE OF BIRTH

RECEIVED ... 15 1922 ... VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 106838

Primary Registration District No. 2015 Registered No. 161

FULL NAME OF CHILD RUTH Kidd
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 9th 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Carson Gilbert Kidd	FULL MAIDEN NAME	Nellie Louise Florence
RESIDENCE	Minidoka Co. R F D. Rupert	RESIDENCE	Minidoka Co. R F D Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Address Rupert, Idaho

Filed Oct 29 1922 E H Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 106838

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ruth Kidd (Name on Original Certificate) who was Born (Was Born or Died) on Oct 9, 1922 (Date of Event) in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on Oct 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ruth Kidd

Subscribed and sworn to before me this 12 day of June 1942

Bundee Curtis

Notary Public, residing at

My commission expires

(Seal)

NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO, RESIDING AT DECLO, IDAHO. MY COMMISSION EXPIRES MAY 17, 1943.

Signed Mrs C. G. Kidd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Declo. Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of June, 1942

Bundee Curtis

Notary Public, residing at

My commission expires

(Seal)

NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO, RESIDING AT DECLO, IDAHO. MY COMMISSION EXPIRES MAY 17, 1943.

Signed Norma Curtis
(Signature of Any Credible Person Other Than Previous Year)

Declo. Idaho
(Street Address, City, State)

K JUN 17 1942

JUN 2 2 1942

553-105-034-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital

RECEIVED NOV 1 0 192

Registration District No. 19 File No. 106839

Primary Registration District No. 2015 Registered No. 162

FULL NAME OF CHILD Gordon Leroy Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	10 / 5 1922

What bactericidal solution was used in eyes? a gros

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Alfred A Nelson	FULL MAIDEN NAME	Mabel Smith
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Nebr	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 30/41 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Groom

Physician
(Physician or midwife)

Address Rupert

Filed Nov 8 1922 E H Elmore
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1946

613-104·03K-125

PLACE OF BIRTH

[redacted] WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Mudoka

City of Aegina

No. ..... St.

Hospital .....

Registration District No. 19 File No. 106840

Primary Registration District No. 2015 Registered No. 163

FULL NAME OF CHILD Glen Nelson Walker.

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	10/4/1922

What bactericidal solution was used in eyes? Agno 3

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth 77

FATHER		MOTHER	
FULL NAME	Newton Walker	FULL MAIDEN NAME	Hazel Abell
RESIDENCE	Aegina	RESIDENCE	Aegina
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Texas	BIRTHPLACE	Nebr.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C R Groom

Physician

(Physician or midwife)

Give names added from a supplemental report.

Address Rupert

Filed Nov 8 1922 E H Elmore

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

699-229-034-914

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Middleton

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 106841

Primary Registration District No. 2015 Registered No. 164

FULL NAME OF CHILD Martha Madeline Finberger
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	10 / 29 1922

What bactericidal solution was used in eyes? Agno 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chas Finberger	FULL MAIDEN NAME	Anna Rausch
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White AGE AT LAST BIRTHDAY 29 (Years)	COLOR	White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Rupert

Filed Nov 8 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

684-108-034-393

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 106842

Primary Registration District No. 2015 Registered No. 165

FULL NAME OF CHILD Ronald Keith Whitley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	10 / 8 / 1922

What bactericidal solution was used in eyes? AgNO3

Number of child of this mother, including present birth III Number of child of this mother now living, including present birth III

FATHER		MOTHER	
FULL NAME	Richard A Whitley	FULL MAIDEN NAME	Bertha Titus
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Canada.	BIRTHPLACE	Nebr.
OCCUPATION	Merchant.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Groom
Physician
(Physician or midwife)

Address Rupert

Filed Nov 8 1922 E. H. Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 1942

562-118-034-735

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 106843

County of Minidoka

City of Rupert

No. ____ St.

Registration District No. 49

Hospital ____

Primary Registration District No. 2013

Registered No. 166

FULL NAME OF CHILD Eldon Noble

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	10 / 18 / 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Jos L. Noble	FULL MAIDEN NAME	Lousabelle Pleasant
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Penn.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Pleasant

(Physician or midwife)

Address Rupert

Filed Nov. 8, 1922 E. A. Elmore

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464-168-034-235

PLACE OF BIRTH

RECEIVED
NOV 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC ~~WELFARE~~
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106844

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 167

FULL NAME OF CHILD William Jones Douglas JAMES DOUGLAS
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	10/18 1922

What bactericidal solution was used in eyes? Agno

Number of child of this mother, including present birth III Number of child of this mother now living, including present birth III

FATHER		MOTHER	
FULL NAME	W. H. Douglas DOUGLAS	FULL MAIDEN NAME	Ada Stephens
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iris	BIRTHPLACE	Ohio
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. R. Groom

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rupert

Filed Nov 8 1922 E. H. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 106844

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for William Jones Douglas (Name on Original Certificate) who was born (Was Born or Died) on Oct. 18, 1922 (Date of Event) in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared ~~on~~ soon after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jones	William James Douglas

Subscribed and sworn to before me this 17th day of June, 1942

A C DeMary

Notary Public, residing at Rupert, Idaho.

My commission expires July 6, 1943.
(Seal)

Signed Ada E. Douglas
(Signature of parent [redacted]t if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.R. 3 Rupert, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[This Affidivat [redacted] Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of June, 1942

A C DeMary

Notary Public, residing at Rupert, Idaho

My commission expires July 6, 1943
(Seal)

Signed Vivian I. Woolford.
(Signature of Any Credible Person Other Than Previous Year)

Rupert, Idaho
(Street Address, City, State)

JUN 19 1942

JUN 24 1942

JUN 25 1946

FEB 26 1952

Corrected 6/22/42 Z.J.

8 [redacted] 034-614

[redacted] F BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV ... BUREAU ... STATIS...

CERTIFICATE OF BIRTH

Co[redacted] Midwife

City [redacted] Rupert

No. [redacted] St.

Hospital

Registration District No. 19 File No. 106845

Primary Registration District No. 2015 Registered No. 168

FULL NAME OF CHILD Janie Chabre.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	10/27/1922

What bactericidal solution was used in eyes? Ag no 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Emile E Chabre	FULL MAIDEN NAME	Florieng Fause
RESIDENCE	Rupert.	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	France	BIRTHPLACE	France
OCCUPATION	Rancher.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

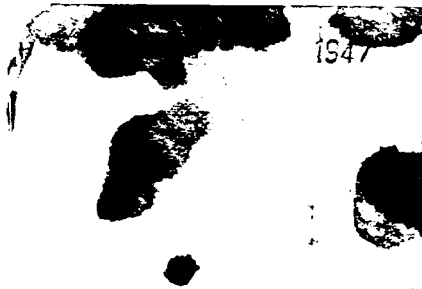
.....
Registrar.

Address Rupert

Filed Nov. 8 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT [redacted] each

N. B.—In case of more than one child at birth a SEPARATE RETURN must be m[redacted] each and the number of each, in order of birth stated.


1947

553-226-234-655

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 106846

Primary Registration District No. 2015 Registered No. 169

FULL NAME OF CHILD ~~Beth Louise~~ ANNABELLE CHRISTINA Nelson.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	10/26/1922

What bactericidal solution was used in eyes? Ag NO_3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Wm C. Nelson	FULL MAIDEN NAME	May Fenton
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Colo	BIRTHPLACE	Ark
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bn alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Rupert

Filed Nov. 8 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Minidoka }

Certificate No. 166846

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Beth Lorene (Name on Original Certificate) who Oct 22, 1922 (Was Born or Died) on (Date of Event)

in Rupert Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by affidavit (Bible Record, Insurance Policy, Etc.) prepared on June 19, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Beth Lorene	Annabelle Christina

Subscribed and sworn to before me this 19th day of June, 19 42

H A Boyer
Probate Secy.
~~Notary~~ Public, residing at Rupert

My commission expires
(Seal)

Signed Mrs Lue Lee "mother"
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Lane }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of June, 19 42

Jattie N. Rugh
Notary Public, residing at Notary Public for State of Oregon
My Commission Expires July 30, 1943

My commission expires
(Seal)

Signed Mrs. Charles Wilson
(Signature of Any Credible Person Other Than Previous Year)

R. 1 Eugene Ore.
(Street Address, City, State)

JUN 25 1942

Please forward this letter to....

Mrs. Charles Wilson
R-1 Eugene Oregon

JAN 2 8 1969

255-122-234-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 106847

Primary Registration District No. 2013 Registered No. 170

FULL NAME OF CHILD James Dudley Kennedy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 22 1922

What bactericidal solution was used in eyes? 10% argyrol, freshly prepared.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Carl Paris Kennedy	FULL MAIDEN NAME	F[illegible]s Barr
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wapelo, Iowa	BIRTHPLACE	Corvalis, Kansas
OCCUPATION	Druggist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dorothy Rich

Physician (Physician or midwife)

Address Burley, Idaho

Filed Nov. 20 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1942

MAR

MAY 24 1948

819-128-034-212

PLACE OF BIRTH

RECEIVED DEC 11 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Registration District No. 19

File No. 106848

Hospital .....

Primary Registration District No. 2015

Registered No. 171

FULL NAME OF CHILD ~~[illegible]~~ Wayne Thomas Harris

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 28 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James F Harris	FULL MAIDEN NAME	Inez May Babbett
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farming	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler
M.D.
(Physician or midwife)

Address Burley Ida

Filed Nov. 20 1922 E. H. Elmore
Registrar.

Give names added from a supplemental report.

.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia }

Certificate No. [illegible]
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for WAYNE THOMAS HARRIS (Name on original certificate) who Born (Was born or died) on Sept 28, 1922 (Date of event)
in PAUL Idaho (Place of event) ~~are erroneous or were~~ omitted; and that, to the best of his knowledge, the true
facts as shown by family records (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Wayne Thomas Harris

Subscribed and sworn to before me this 19
day of July, 19 41

Notary Public, residing at Burley Idaho

My commission expires May 25, 1945

[SEAL]

Signed Ina May Harris Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Oakley Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Cassia }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19
day of July, 19 41

Notary Public, residing at Burley Idaho

My commission expires May 25 1945

[SEAL]

Signed James F. Harris Father
(Signature of any credible person other than the previous affiant)

Oakley Idaho
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

7/2741

MAR 2 3 1963

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIR[redacted]

315-169-03 [redacted] 35

RECEIVED DEC 1 1922 ... ITAL ... TICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Mini[redacted]a

City of Paul

No. ..... [redacted]t.

Hospital .....

Registration District No. 19 File No. 106849

Primary Registration District No. 2015 Registered No. 172

FULL NAME OF CHILD Keith Lance
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept 19 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Harvey Lance	FULL MAIDEN NAME	May Stenett
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ark	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	Hrof

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Burley, Ida

Filed Nov. 20 1922 Ett Elaine
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 106849

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Keith Lance (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Sept 19-1922 (DATE OF EVENT)

in Paul Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name	Keith Lance

Subscribed and sworn to before me this 6th day of January, 1941

W. A. Brodhead

Notary Public, residing at Boise, Ida

My commission expires Oct 23-1942

(SEAL)

Signed Keith Lance

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of January, 1942

W. A. Brodhead

Notary Public, residing at Boise, Ida

My commission expires Oct 23, 1942

(SEAL)

Signed Arthur J. Martin

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Eden, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

215-169-036-381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 12 1922

County of Minidoka
City of Rupert
No. ____ St.
Hospital

Registration District No. 19 File No. 106850
Primary Registration District No. 2015 Registered No. 173

FULL NAME OF CHILD Verne Sanford
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov. 9 1922

What bacterioidal solution was used in eyes? 2 2a Solution Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sot Herman Sanford	Violet Chamberworth
RESIDENCE	Rupert	Rupert
COLOR	white	white
AGE AT LAST BIRTHDAY	27 (Years)	28 (Years)
BIRTHPLACE	Utah	Colorado
OCCUPATION	Laborer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ed D. Elmore
M. D.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Nov. 18 1922 Ed D. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth { City Rupert
St. —
County Minidoka

File No. 106850

Date of Birth Nov 9. 1922

Sex of Child ~~Female~~ Male

Father L. F. Sanford

Mother Violet Hammond Sanford

I HEREBY CERTIFY that the child herein has been named:

Vern Sanford

Vern L. F. Sanford

Signature of Father or Mother.

6/30/41

MAY 1 1 1942

792-212-234-766

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 106851

Primary Registration District No. 2015 Registered No. 174

FULL NAME OF CHILD Delois Lda Gibson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		yes	11 12 1922

What bactericidal solution was used in eyes? ag No.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clarence Gibson	FULL MAIDEN NAME	Ada Powell
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Nebr.	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kennagy
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed Dec. 5 1922 E H Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF [illegible]

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Rupert Ida. File No. 106851

(St. _____ Date of Birth Nov 12 1922

(County Minidoka Sex of Child Female

Father Clarence John Gibson Mother Ada Gertrude Gibson

I HEREBY CERTIFY that the child herein has been named:

Delores Ida Gibson

Ada Gibson

Signature of Father or Mother.

ED 22 AS

APR 17 1967

JUN 18 1943

655-228-234-493 name added 4-29-82

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka
City of Rupert
No. ____ St.
Hospital ____

Registration District No. 19 File No. 106852
Primary Registration District No. 2015 Registered No. 175

FULL NAME OF CHILD Frances Josephine Fenton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	10 – 28 – 1922

What bactericidal solution was used in eyes? Arg. Nos.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Leroy Fenton	FULL MAIDEN NAME	Hazel Miller
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kans.	BIRTHPLACE	Kans.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3. 4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J B Kennedy
Physician
(Physician or midwife)

Address Rupert

Filed Dec. 5 1922 E. H. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-23-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Minidoka } ss.

APR 28 9 28 AM

Certificate No. 106852
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Fenton (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-28-22 (Date of Event)

in Rupert (Minidoka) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Frances Josephine Fenton

Subscribed and sworn to before me this 23rd day of April, 19 82

Notary Public [illegible]
Residing at Rupert, Idaho
My commission expires 1-8-83
(Seal)

X Frances Josephine Mae Fenton
Signature of Applicant

Rte 1 Box 119 Rupert, Ida 83350
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

1 cc pd

Idaho Resident Fish and Game License issued in 11-1-71 to Frances Josephine MacKenzie. Viewed by V.S.

APR 29 1982

Certificate of birth for Debra Jo MacKenzie born 11-28-53 in Rupert to Kenneth Keith MacKenzie and Frances Josephine Fenton. Viewed by V.S.

867-203-034-219

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Minidoka

CERTIFICATE OF BIRTH

City of Paul. Registration District No. 19 File No. 106853

No. ..... St.

Primary Registration District No. 2013 Registered No. 176

Hospital .....

FULL NAME OF CHILD Mary Elizabeth Hoppe.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe.				Yes.	Oct. 3 1922

FATHER		MOTHER	
FULL NAME	L. W. Hoppe.	FULL MAIDEN NAME	Laura W. Savage
RESIDENCE	Paul. Ida.	RESIDENCE	Paul. Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Neb.	COLOR	White
OCCUPATION	Farming.	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Calif.
		OCCUPATION	House-wife.

WHAT BACTERICIDAL [illegible] WAS USED IN EYES?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley. Idaho.

Filed Dec. 5 1922 Etta Ehmsen

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

954-118-034-319

PLACE OF BIRTH

RECEIVED DEC 11 1922 ... TAL ... STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 106854

Primary Registration District No. 2015 Registered No. 177

FULL NAME OF CHILD HIRAM VERNON Redford
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov 18 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Lawrence Benjamin Redford	FULL MAIDEN NAME	Veda Hortens Larsen
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Insurance	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician
(Physician or midwife)

Address Rupert Idaho

Filed 1922

Registrar.

Registrar.

Give names added from a supplemental report.

....., 19....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles

Certificate No. 106854
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Hiram Vernon Redford (Name on original certificate) who was born (Was born or died) on Nov. 18, 1922 (Date of event)
in Rupert Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible (Bible record, insurance policy, etc.) prepared on Nov. 18, 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Vernon Larsen Redford	Hiram ~~Heron~~ Vernon Redford

Subscribed and sworn to before me this 6th
day of December, 1946
[signature]
Notary Public, residing at Los Angeles Calif
My commission expires
[SEAL]

Signed Laurence B Redford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
607 W. 41. Drive - Los Angeles, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

NOV 8 1972

238-228-034-414

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ____ St.

Registration District No. 19 File No. 106855

Hospital ____ Primary Registration District No. 2015 Registered No. 678

FULL NAME OF CHILD Beth Lanora Schofield
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Nov 28 1922

What bactericidal solution was used in eyes? Agno 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Dean Seofield	FULL MAIDEN NAME	Adelaide Madsen
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk in Gen Store	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore M.D.
(Physician or midwife)

Address Rupert

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec. 5 1922 Ett Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
JAN 17 1923

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Rupert

(St. 914 Fifth St.

(County Minidoka

File No. 106855

Date of Birth Nov. 28-1922

Sex of Child Female

Father J. Dean Schofield Mother Adelaide Schofield

I HEREBY CERTIFY that the child herein has been named:

Beth Lenora Schofield

J. Dean Schofield

Signature of Father or Mother.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

741-[illegible]-249

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 106856

Primary Registration District No. 2015 Registered No. 179

FULL NAME OF CHILD Warren Guard.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov 3 1922

What bactericidal solution was used in eyes? 20% Sol Argyrol

Number of child of this mother, including present birth III Number of child of this mother now living, including present birth III

	FATHER	MOTHER
FULL NAME	Henry Guard	Pearl Smith
RESIDENCE	Rupert	Rupert Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	33 (Years)	32 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Laborer	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) [signature]
(Physician or midwife)

Address .....

Filed Dec. 7 1922 [signature] Registrar.

30 1946

DEC 13 1960

345-101-034-455

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106857

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 180

FULL NAME OF CHILD Jno Kenneth Cunningham
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	11/1/1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth III Number of child of this mother now living, including present birth III

FATHER		MOTHER	
FULL NAME	Roy Cunningham	FULL MAIDEN NAME	Pearl Dunn
RESIDENCE	Rupert Ida.	RESIDENCE	Rupert Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Ditch Rider	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at ..... M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed Dec. 7 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1960
JUN 16 1959

685-12-037-849

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. _____ St.

Hospital _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 106858

Primary Registration District No. 2015 Registered No. 181

FULL NAME OF CHILD George Quentin Wheeler

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes.	Nov 21 1922

What bactericidal solution was used in eyes? 2% argyrol

Number of child of this mother, including present birth III Number of child of this mother now living, including present birth III

FATHER		MOTHER	
FULL NAME	Jessie J Wheeler	FULL MAIDEN NAME	Ida Quinn
RESIDENCE	Rupert Ida	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Retail Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 10 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Address _____

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec 7 1922 _____

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 7 1975

751-202-034-556

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 106859

Primary Registration District No. 2015 Registered No. 182

FULL NAME OF CHILD ~~xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx~~ EDITH ELIZABETH Pearson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	12/2/1922

What bactericidal solution was used in eyes? Argyrol 2%

Number of child of this mother, including present birth V Number of child of this mother now living, including present birth V

	FATHER		MOTHER
FULL NAME	Emil Pearson	FULL MAIDEN NAME	Esther Newbold
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Groom

Physician
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed Dec. 7 1922 Ott Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 9 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 106859

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	[redacted] Frances Mary	[redacted] Edith Elizabeth Pearson

Subscribed and sworn to before me this 7th day of November, 1944

Thurman E. Day

Notary Public, residing at Boise Idaho

My commission expires 6-24-45

(Seal)

Signed Emil B Pearson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 7 1942

314-102-034-389

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. 106860

Hospital ..... Primary Registration District No. 2016 Registered No. 183

FULL NAME OF CHILD Ezra Lange Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov 2nd 1922

What bactericidal solution was used in eyes? 20% Sol Argyrol.

Number of child of this mother, including present birth II Number of child of this mother now living, including present birth II

FATHER		MOTHER	
FULL NAME	Wm L. Campbell	FULL MAIDEN NAME	Irene Christensen
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wyo	BIRTHPLACE	Wyo
OCCUPATION	Tobacco	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed Dec 7th 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 6 1974

663-129
035-819

PLACE OF BIRTH

County of Nez Perce

City of Kendrick

No. ..... St.

Hospital Home

[redacted]TATE OF IDAHO
[redacted]T OF PUBLIC WELFARE
[redacted] OF VITAL STATISTICS

BUREAU OF STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 106861

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Kenneth William Wolff
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug. 29 1922

What bactericidal solution was used in eyes? Argyrol 25% Solution

Number of child of this mother, including present birth One Number of child of this mother now living, including present birth One

FATHER		MOTHER	
FULL NAME	William Fredrick Wolff	FULL MAIDEN NAME	Ida Ottlie Hartung
RESIDENCE	Kendrick	RESIDENCE	Kendrick
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wiesner Nebraska	BIRTHPLACE	Drygen, Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.25 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Otteraaen
Physician
(Physician or midwife)

Address Kendrick, Idaho

Filed Nov 10 1922 R. F. Pippie
Registrar.

Give names added from a supplemental report.

..... 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF ~~BIRTH~~ OR DEATH

State of Idaho } ss.
County of Latah }

Certificate No. 106861

JAN 29 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Kenneth William Wolf	Kenneth William Wolff
name of father	William Fredrick Wolf	William Fredrick Wolff

Subscribed and sworn to before me this 26th
day of Jan., 1942

Notary Public, residing at Kendrick

My commission expires Jan 31st 1944
(SEAL)

Signed William Fredrick Wolff
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Kendrick Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 29 1942 By
(REGISTRAR'S SIGNATURE)

FEB 13 1969

4/S-221-229-962

PLACE OF BIRTH

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

[redacted] DEPARTMENT OF PUBLIC WELFARE
[redacted] BUREAU OF STATISTICS

CERTIFICATE OF BIRTH 106862

County of Latah

City of Kendrick

No. ..... St.

Registration District No. 68

File No. .....

Hospital Home

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Emma Louise Manly
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Oct 21, 1922

What bactericidal solution was used in eyes? Argyrol 25% solution

Number of child of this mother, including present birth .....

Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Paul Harold Manly	FULL MAIDEN NAME	Josephine Elizabeth Roberts
RESIDENCE	Harrison, Wash.	RESIDENCE	Harrison, Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Cherokee Kansas	BIRTHPLACE	Kendrick, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Andrew Otterdaen, Physician
(Physician or midwife)

Address Kendrick, Idaho

Filed Nov 10 1922 R. F. Pepple
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 23 1942

689 - 229-035-132
PLACE OF BIRTH

AMENDED - August 9, 1948.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac

No. ..... St.

Registration District No. 97 File No. 106863

Hospital ..... Primary Registration District No. 2174 Registered No. 10

FULL NAME OF CHILD Pearl Erma Dean Whitney
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	October 29 1922

What bacterieidal solution was used in eyes? 25 % - Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Burt H. Whitney	FULL MAIDEN NAME	Emma Alberg
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	North Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:00 p.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. H. Habel

M. D.
(Physician or midwife)

Address Lapwai, Idaho

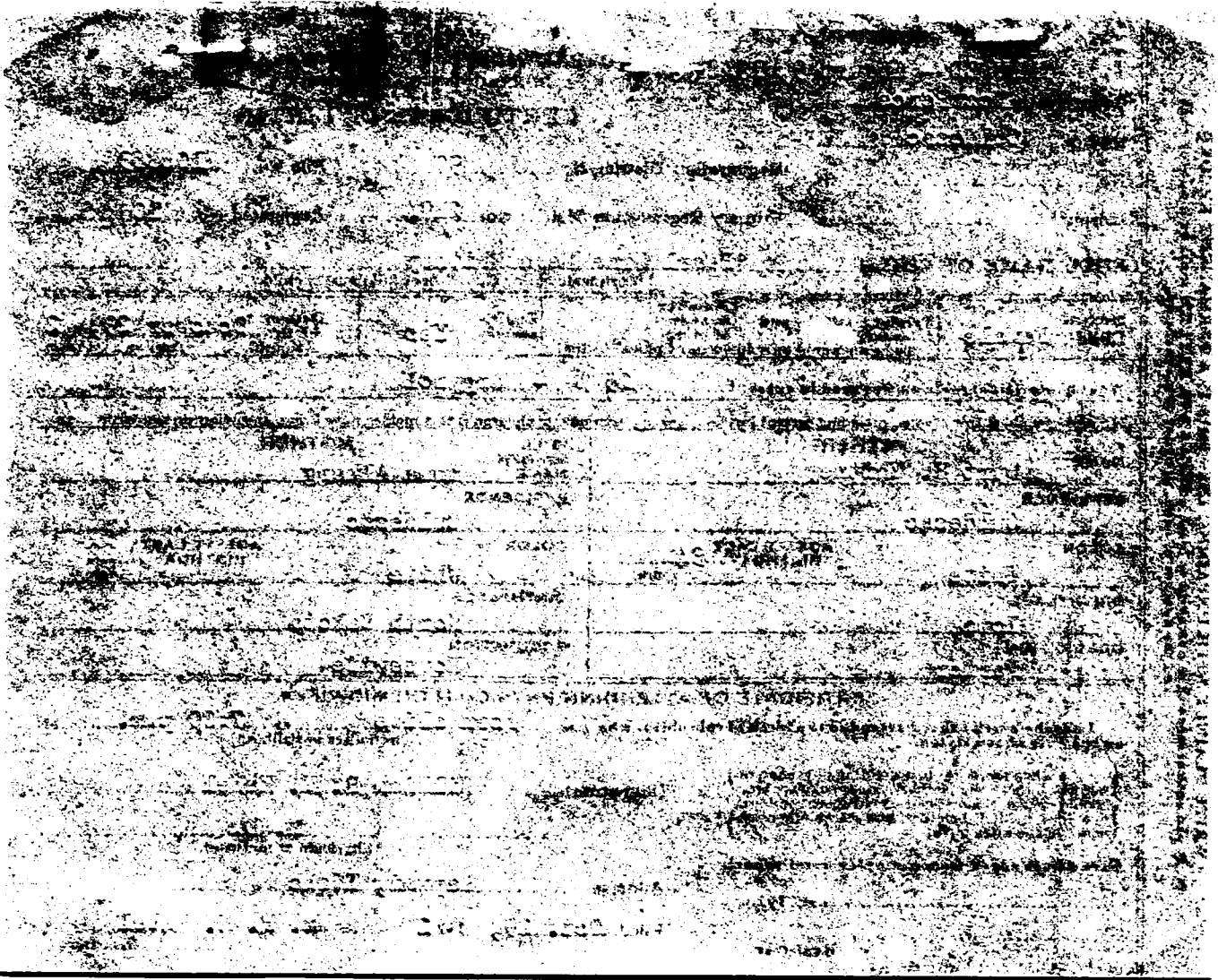
Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed Oct. 29, 1922 Wm. P. H. Habel
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of NEZ PERCE }

Certificate No. 106863

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Viola Whitney (Name on Original Certificate) who born (Was Born or Died) on Oct. 30, 1922, (Date of Event)
in Culdesac, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Own personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Viola Whitney	Pearl Erma Dean Whitney
Date of Birth	Oct. 29, 1922	Oct. 30, 1922

Subscribed and sworn to before me this 29th day of July, 19 48

Notary Public, residing at Lewiston, Idaho.
My commission expires April 8, 1949
(Seal)

X Signed Mrs Emma Jenderna (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gifford, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of July, 19 48

Notary Public, residing at Moscow.
My commission expires July 21 — 1949
(Seal)

Signed Milton J. Mayor
(Signature of Any Credible Person)

110 E 6th Moscow Ida.
(Street Address, City, State)

AUG 9 1948

265-218-035-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ney Perce

City of Culdesac R.F.D.

No. ..... St. ..... Registration District No. 97 File No. 106864

Hospital ..... Primary Registration District No. 2174 Registered No. 9

FULL NAME OF CHILD Mary Jane Sweet.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female.	✓		✓	yes	Oct 18. 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 25 % Argyrol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joseph E. Sweet.	FULL MAIDEN NAME	Louise J. Smith
RESIDENCE	Culdesac R.F.D.	RESIDENCE	Culdesac R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25.
BIRTHPLACE	Tenn.	BIRTHPLACE	Oklahoma
OCCUPATION	farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. H. Hatel
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Lapwai Ida.

Filed Oct 18 1922 William P. H. Hatel
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-112-635-433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ney Perce

City of Slickpoo

No. ..... St.

Hospital .....

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

Registration District No. 97 File No. 106865

Primary Registration District No. 2174 Registered No. 8

FULL NAME OF CHILD Gordon Vance Heinzerling
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Oct 12 1922

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Walton Heinzerling	FULL MAIDEN NAME	Lula McConnell
RESIDENCE	Slickpoo	RESIDENCE	Slickpoo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	California	BIRTHPLACE	Wash.
OCCUPATION	farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:15 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. H. Habel M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Lapwai Ida.

Filed Oct 12 1922 William P. H. Habel Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 19

295-109-075-69

[redacted]

PLACE OF BIRTH

REC[illegible]
NOV 1[illegible] 19[illegible]
BUREAU [illegible]
STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Spaulding Ida

Registration District No. 97

File No. 106866

No. ..... St.

Primary Registration District No. 2174

Registered No. 7

Hospital .....

FULL NAME OF CHILD John Elmer Brearley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 9 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph Elmer Brearley	FULL MAIDEN NAME	Avita Louise Williams
RESIDENCE	Spaulding	RESIDENCE	Spaulding
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Lewiston Ida	BIRTHPLACE	Pittsford Michigan
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 335a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L F Smith M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ft Lapwai Ida

Filed Oct 10 1922 William P H Hahl

Registrar

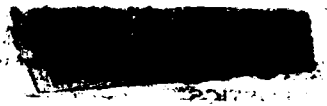
Registrar

8-Y CO. 20174

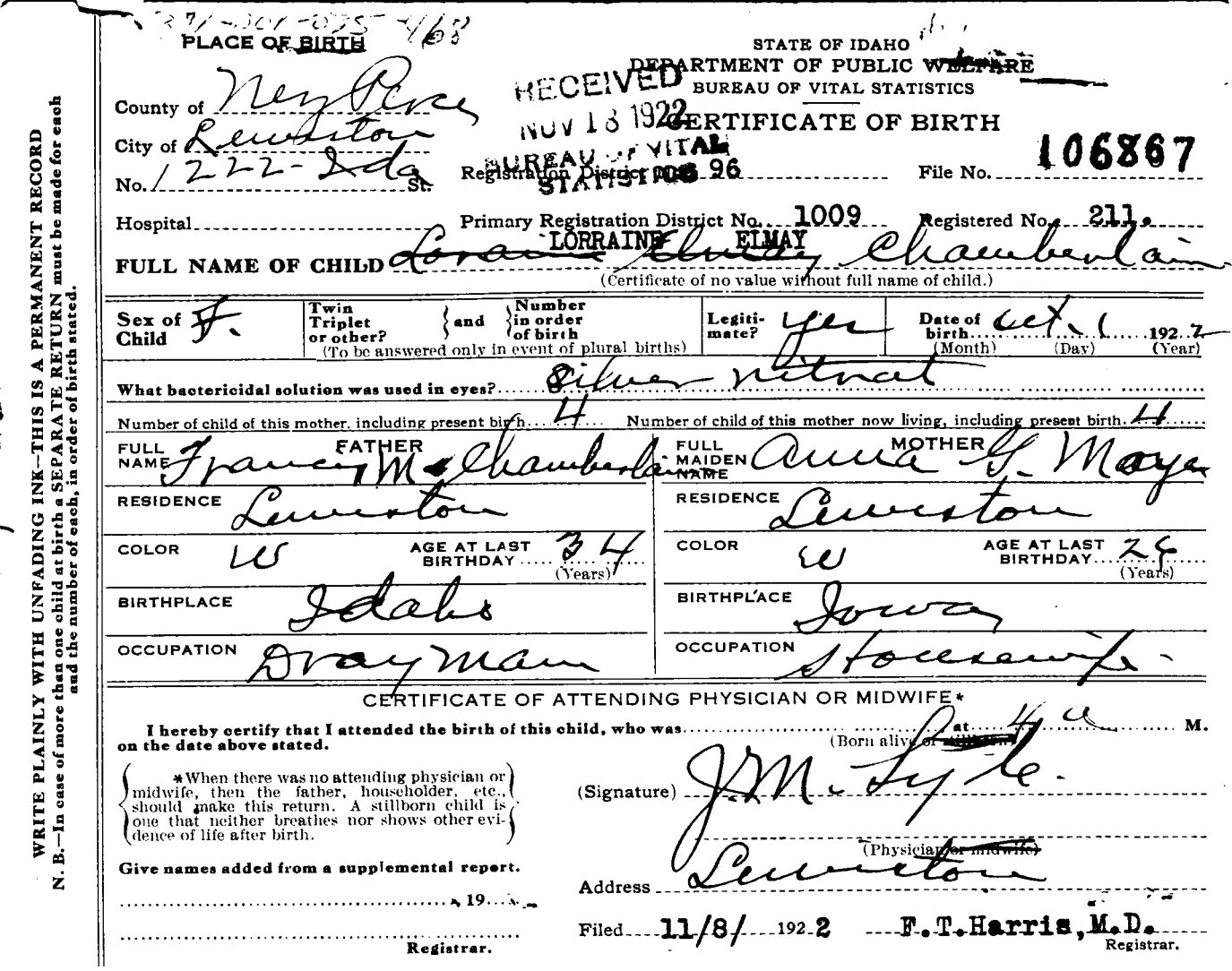
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



371-301-035-468



PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce
City of Lewiston
No. 1222-Ida St.
Registration District No. 96
File No. 106867

Hospital
Primary Registration District No. 1009
Registered No. 211.

FULL NAME OF CHILD ~~Lorain~~ LORRAINE ~~Elmay~~ ELMAY Chamberlain
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		yes	Oct. 1 1922

What bactericidal solution was used in eyes? Silver nitrat

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Francis M. Chamberlain	FULL MAIDEN NAME	Anna G. Mayer
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Drayman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 a M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle
(Physician ~~or midwife~~)

Address Lewiston

Give names added from a supplemental report.

..... 19...

..... Registrar.

Filed 11/8/ 1922 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Asotin } ss.

Certificate No. 106867

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lorain Chamberlain (Name on Original Certificate) who was born (Was Born or Died) on Oct, 1st 1922 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of ~~his~~ her knowledge, the
true facts are shown by by her mother 's ~~prepared on~~ affidavit herewith (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	Chamberlin	Chamberlain
Name	Lorain	Lorraine Elma y

Subscribed and sworn to before me this 2nd
day of July 1942

Notary Public, residing at Clarkston, Wash
My commission expires March 8, 1945
(Seal)

Signed Anna Gertrude Delaney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Asotin } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of July, 1942

Notary Public, residing at Clarkston, Washington
My commission expires March 8.1945
(Seal)

Signed Arthur L. Mayer
(Signature of Any Credible Person Other Than Previous Year)

10th & Elm Clarkston, Wash
(Street Address, City, State)

JUL 8 1942

JUL 9 1942

444-20-4135-957

PLACE OF BIRTH

County of Nezperce

City of Lewiston

No. 434-17th St. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

Registration District No. 96 File No. 106868

Primary Registration District No. 1009 Registered No. 212

FULL NAME OF CHILD ~~Dorothy~~ KATHRYN May Mundt.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	10 4 1922

FATHER	MOTHER
FULL NAME Herman H. Mundt.	FULL MAIDEN NAME Opal V. Ingram
RESIDENCE Winchester, Ida.	RESIDENCE Winchester, Ida.
COLOR W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Idaho.
OCCUPATION Station Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

(Signature) W. F. McMahan M.D.

(Physician or midwife)

Address Lewiston, Idaho.

Filed 11/8/ 19 22 F. T. Harris, M. D.

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF ~~BIRTH~~ OR DEATH

State of IDAHO } ss. JAN 30 1942 Certificate No. 106868
County of NEZ PERCE } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Catheryn May Mundt	Kathryn May Mundt

Subscribed and sworn to before me this 22nd
day of January, 1942

Notary Public, residing at Lewiston, Idaho,
My commission expires April 8, 1945.
(SEAL)

Signed W. H. Mundt
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1148-7th St. Clarkston, Wash
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of NEZ PERCE }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of January, 1942

Notary Public, residing at Lewiston, Idaho,
My commission expires April 8, 1942
(SEAL)

Signed Mrs. P. L. Ingraham
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
220-18th St. Lewiston, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 30 1942 By
(REGISTRAR'S SIGNATURE)

NOV 2 4 1969
JAN 5 1970

238-105-035-463

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce
City of Lewiston
No. 15 6th ave St.
Hospital

RECEIVED
NOV 13 1922
VITAL STATISTICS

Registration District No. 96
Primary Registration District No. 1009
File No. 106869
Registered No. 213

FULL NAME OF CHILD Alfred John Schmidt
(Certificate of no value without full name of child.)

Sex of Child	Twin? Triplet? or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	3	yes	October 5 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Fred E Schmidt	FULL MAIDEN NAME Isabelle W Doty
RESIDENCE Lewiston	RESIDENCE Lewiston
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Montanna	BIRTHPLACE Idaho
OCCUPATION Painter	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Drennan M.D.
Lewiston Idaho
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 11/8/ 1922 F.T.Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-105035-619

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

106870

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 214

FULL NAME OF CHILD William Evan Davies

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	X		X	Yes	Oct	5	1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Nelson Davies	FULL MAIDEN NAME	Elma Hazel Warnock
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Oregon	BIRTHPLACE	Kan.
OCCUPATION	Builder	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockslager
Physician.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Lewiston, Ida.

Filed 11/ 8/ 19 22 F. T. Harris, M.D.
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1942

212-107-035-315

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106871

County of Nezperce,
City of Lewiston
No. ..... St.
Hospital St. Joseph's

Registration District No. 96 File No. .....
Primary Registration District No. 1009 Registered No. 215

FULL NAME OF CHILD David Winfield Baker.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct-7-1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER		MOTHER
FULL NAME	Howard Baker	FULL MAIDEN NAME	Elsie Lane.
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mass	BIRTHPLACE	Mass
OCCUPATION	Contractor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 6 A. M. on the date above stated.
(Born alive or stillborn) XXXXXX

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife) XXXXXXX

Give names added from a supplemental report.

....., 19....

Registrar.

Address Lewiston, Idaho

Filed 11/8/1922 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

January 11, 1941/ea

314-202-035-914

PLACE OF BIRTH

amended 1/21/80

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106872

City of Lewiston

No. ..... St.

Registration District No. 96 File No. .....

Hospital St Joseph Primary Registration District No. 1009 Registered No. 216

FULL NAME OF CHILD Margaret Jane Lambert
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fimal		Yes	Oct 8 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Jas Lambert	FULL MAIDEN NAME	Mary Jane Madden
RESIDENCE	Wahn - Ida	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4 a M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W Johnson
(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19.....

Johnson
Registrar.

Address .....

Filed 11/8/ 1922 F.T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 6 1942

MAY 6 1975

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

OCT 10 08 AM '79

Certificate No. 106872
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Marguaret Jane Lambert (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 8, 1922 (Date of Event)

in Lewiston, Idaho (NezPerce) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
First Name	Marguaret	Margaret
father's birthplace	Washington	Idaho
mother's birthplace	Washington	Idaho

Subscribed and sworn to before me this 25th day of December, 1979,
Notary Public, Alice M. Ruland
Residing at Lacrosse, Wa
My commission expires 8-8-81
(Seal)

James Lambert
Signature of Applicant
Lacrosse, Wa. 99143
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 9/20/79 lcc pd.

Own daughter's birth certif on file in Idaho gives namea Monte Louise Nelson born July 10, 1950. file No. 50-8537. mother's name as Margaret Jane Lambert. viewed by V. S.

Holy Sacrament of Baptism from the Roman Catholic Church gives name as Margaret Jane Lambert child of John Labert and Mary Jane Madden. born in Lewiston, Idaho on Oct 8, 1922. Bapitzed Oct 15, 1922.. viewed by V. S.

APR 9 1990

Cenus record for 1900 Waha precinct gives name of child as John J. Lambert age 13, born in Aug 1886.in Idaho. father's name as James A. Lambert and mother's name as Mary. viewed by V. S.

Census recod fro 1900 Wha precinct gives name as as Mary J. Madden born Nov 1890 in Idaho. father's name as James Na Mary Madden. viewee by VS

263-20[illegible]-344

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106873

County of Nezperce.
City of Lewiston.
No. 0134- 8th St.
Hospital

Registration District No. 96
Primary Registration District No. 1009

File No.
Registered No. 217

FULL NAME OF CHILD Helen Blandine Bolbos.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Oct -9- 192 2

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Bolbos.	FULL MAIDEN NAME	Hazel Turley.
RESIDENCE	Lewiston, Idaho.	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Greece	BIRTHPLACE	Virgina
OCCUPATION	Bootblack	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~XXXXXXX~~) at 3:P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C C Carson

(Physician or midwife) XXXXX

Address Lewiston, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 11/8/ 192 2 F.T.Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 4 19[illegible]

DECEASED

275-711-035-753

PLACE OF BIRTH

STA[redacted] V. S. No. 11-C—25m-9-8-17

BUREAU OF VITAL STATISTICS

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Lewiston~~ Nez Perce

City of Lewiston

Registration District No. 96 File No. 106874

No. ..... St.

Primary Registration District No. 1009 Registered No. 217

Hospital Yes

FULL NAME OF CHILD Robert Franklin Spencer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 11th 1922

FATHER		MOTHER	
FULL NAME	Guy A Spencer	FULL MAIDEN NAME	Mable E Greeno
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Chicago Ills	BIRTHPLACE	Sumpter Oregon
OCCUPATION	Foreman Coal Co	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11-30-A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F P Krourse M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Idaho

..... Registrar

Filed 11/8/ 1922 F. T. Harris, M.D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1942

OCT 15 1958

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
NOV 13 1922
VITAL STATISTICS

amend 6-2-83

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. ____ St.

Registration District No. 96 File No. 106875

Hospital ____ Primary Registration District No. 1009 Registered No. 218

FULL NAME OF CHILD Elaine Vivian Smailes.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 12. 1922.

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry Smailes	FULL MAIDEN NAME	Evelyn Prentice
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Wash.
OCCUPATION	Taxi Driver	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 3: P. M. **on the date above stated.**
(Born alive or dead)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Lewiston, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 11/8/ 1922 F. T. Harris, M.D.
Registrar.

4-12-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 12 9 24 AM '83

State of _____ } ss.
County of _____

Certificate No. 106875
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Vivien Evelyn Smailes (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 12, 1922 (Date of Event)

in Lewiston (NezPerce) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Vivien Evelyn Smailes	Elaine Vivien Smailes
mothers maiden name	Smailes	~~McBride~~ PrenTice

Subscribed and sworn to before me this 10 day of May, 1983

Notary Public Valerie Pruitt
Residing at Pullman, Washington
My commission expires 10-16-86
(Seal)

Elaine V. Smailes Robinson
Signature of Applicant
504 Park Street Apt
Street Address, City, State
Pullman, Wn

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of WHITMAN

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of May, 1983

Notary Public Valerie Pruitt
Residing at Pullman, Washington
My commission expires 10-16-86
(Seal)

Carol Boop
Supporting Signature
1011 Deakin #3 Moscow ID
Street Address, City, State
83843

lcc pd

Report card from Lewiston Public Schools gives Pupils name as Elaine V Smailes school year 1936-37. Viewed by V.S.

JUN 2 1983

Insurance policy gives Elaine Vivian Robinson as insured for The Manufacturers Life Ins Co in Toronto Canada policy dated June 24, 1970. Viewed by V.S.

Marriage License gives Richard N Robinson and Elaine Smailes married Oct 14, 1942 in Nez Perce County, Idaho. Viewed by V.S.

Marriage Record for Harry Smails and Evelyn Prentice on Aug 21, 1921 in Asotin, WA Viewed by V.S.

Death Certificate from State of Idaho state file # 68-4678 gives Evelyn Elizabeth Smailes died Oct 16, 1968 in Lewiston and fathers name listed as Joseph H Prentice. Viewed by V.S.

231-214.035-731

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. _____ St.

Hospital _____

Registration District No. 96 File No. 106876

Primary Registration District No. 1009 Registered No. 219

FULL NAME OF CHILD Madaline Ann Stamper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct (Month) 14 (Day) 22 (Year)

FATHER		MOTHER	
FULL NAME	Cecil Lawrence Stamper	FULL MAIDEN NAME	Ruth Edith Platt
RESIDENCE	Kooskia - Ida.	RESIDENCE	Kooskia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kirksville, Mo.	BIRTHPLACE	Melrose - Ida
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Gist M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Lewiston, Ida.

Filed 11/8/ 1922 F.T. Harris, M.D.

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 19[illegible]

JUL 15 1942

366-118-035-437

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106877

County of Ney Perce

City of Lewiston

No. ..... St.

Registration District No. 96 File No. .....

Hospital St Joseph

Primary Registration District No. 1009 Registered No. 220

FULL NAME OF CHILD Geo. Donald Coon
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	8 / 8 / 1922

What bactericidal solution was used in eyes? Silver-nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fred D. Coon	FULL MAIDEN NAME	Lillian Pearl McGee
RESIDENCE	Steele Ida	RESIDENCE	Steele Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mo	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9-35a M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tyle
(Physician ~~or midwife~~)

Address Lewiston Ida.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 11/8/ 1922 F.T.Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1953

695-12-235-669

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce
City of Lewiston
No. 0229 22 St.
Registration District No. 96
File No. 106878
Hospital
Primary Registration District No. 1009
Registered No. 221

FULL NAME OF CHILD John Bernard O'Reilly
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct 21 1922

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Bernard Edward O'Reilly	Doris Ethelyne Forward
RESIDENCE	0229 22 St Lewiston.	0229 22 St.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Hamilton N Dak	White Cloud Mich.
OCCUPATION	Lumberman	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W. O. Clark
Physician
(Physician or midwife)
Address Lewiston Idaho

Filed 11/8/ 1922 F.T.Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1942

DEC 11 1963

455-[illegible]-035-266

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 16 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce.

City of Lewiston,

No. 509-Snake River Ave.

Registration District No. 96

File No. 106879

Hospital

Primary Registration District No. 1009

Registered No. 228

FULL NAME OF CHILD Edna Marie De Vault.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Oct -19- 1922.

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	R. E. De Vault	FULL MAIDEN NAME	Almira Booker
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 2: A. M. on the date above stated.
(Born alive or stillborn) XXXXXX

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Corscow

(Physician XXXXXXXX

Give names added from a supplemental report.

....., 19....

Registrar.

Address Lewiston, Idaho.

Filed 11/8/ 1922 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1 1944

415-123-035-349

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce
City of Lewiston
No. ..... St.
Hospital St Joseph

Registration District No. 96 File No. 106880
Primary Registration District No. 1009 Registered No. 223

FULL NAME OF CHILD Charles Henry Daniels
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Oct 23 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Charles Mat Daniels	FULL MAIDEN NAME	Effie Turner
RESIDENCE	Culdesai	RESIDENCE	~~[illegible]~~ Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ohio	BIRTHPLACE	Oregon
OCCUPATION	Warehouseman	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 3 a. M. on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Braddock
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19..

Address .....

Filed 11/8/ 1922 F.T.Harris, M.D.
Registrar.

Braddock
M.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nezperce }

Certificate No. 106880

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Charles Daniels (Name on Original Certificate) who was born (Was Born or Died) on Oct.23, 1922 (Date of Event)
in St Joseph Hospital (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by their records (Bible Record, Insurance Policy, Etc.) prepared on Oct.221922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Charles Daniels	Charles Henry Daniels
Father's Name	Charles Daniels	Charlie Mat. Daniels

Subscribed and sworn to before me this 29th
day of March, 19 44.
A.B. McCready
Notary Public, residing at Lapwai, Idaho
My commission expires Jan.20,1948
(Seal)

Signed E.V. Brandstrup MD
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
707-11th Lewiston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nezperce }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 th
day of March, 19 44.
A.B. McCready
Notary Public, residing at Lapwai, Idaho
My commission expires Jan.20, 1948
(Seal)

Signed Clyde Dawald
(Signature of Any Credible Person Other Than Previous Year)
Lapwai, Idaho
(Street Address, City, State)

APR 1 1944

APR 22 1949

AUG 5 1957

APR 3 1944

593-104-035-349

RECEIVED
NOV 1 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ney Perce

City of Lewiston

No. Billings Bldg

Registration District No. 96 File No. 106881

Hospital

Primary Registration District No. 1009 Registered No. 224

FULL NAME OF CHILD Billy Elwaine Erler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	10-24-1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Adrian V. Erler	FULL MAIDEN NAME	Daisy E. Curran
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Waiter	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11-30 a M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.M. Tyle

(Physician ~~or midwife~~)

Address Lewiston Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 11/8/ 1922 F.T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-125-875-365

PLACE OF BIRTH

RECEIVED
NOV 15 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. ..... St.

Registration District No. 96 File No. 106882

Hospital St. Joseph's Primary Registration District No. 1009 Registered No. 225

FULL NAME OF CHILD ~~Clinton~~ Carroll Robinson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct 25 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Lester Lewis Robinson	FULL MAIDEN NAME Evelyn Rebecca Longhurst
RESIDENCE 0232 - 22nd St.	RESIDENCE same
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Washington	BIRTHPLACE Washington
OCCUPATION Bookkeeper	OCCUPATION Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. Braddock

Physician

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 11/8/ 1922 F. T. Harris, M.D.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/5/41 L. B.

847-225-075-613

PLACE OF BIRTH

RECEIVED
NOV 10 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106883

County of Nez Perce
City of Lewiston
No. 1504 Main St.
Registration District No. 96
File No.
Hospital White
Primary Registration District No. 1009
Registered No. 226

FULL NAME OF CHILD Mary Jane Hughes
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			yes	Oct 25 1922

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Albert H. Hughes	FULL MAIDEN NAME Mary Alma Wallace
RESIDENCE	Asotin Wash	RESIDENCE Asotin Wash
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Moscow Idaho	BIRTHPLACE Dale Ind
OCCUPATION	Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. O. Clark
Physician
(Physician or midwife)

Address Lewiston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 11/8/1922 F.T.Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 106883
County of Nez Perce } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Oct 25 - 1922 (Birth ~~or Death~~)
for Mary Jane Hugher (Name on Original Certificate) who (Was Born ~~or Died~~) on Oct. 25, 1922 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," ~~"Birth Date," "Cause of Death," Etc.~~)	FROM (As on Original)	TO (The Correct Facts)
	Mary Jane Hugher	Mary Jane Hughes

Subscribed and sworn to before me this 5 day of June, 1950

Notary Public, residing at [illegible] Idaho
My commission expires [illegible] 1950
(Seal) Carl H. Harbert

Signed Mary A Musgrave
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1607 G. St Lewiston Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of June, 1950

Notary Public, residing at [illegible] Idaho
My commission expires APRIL 10th 1954
(Seal) Carl H. Harbert

Signed A L Hughes
(Signature of Any Credible Person)
1226 Ashby Lane
(Street Address, City, State)
Lewiston Ida

JUN 5 1950

891-229-035-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 16 1922 BUREAU OF VITAL STATISTICS

County of Nezperce

City of Lewiston

No. ..... St.

Hospital St Joseph

CERTIFICATE OF BIRTH 106884

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 227

FULL NAME OF CHILD Verlia Hiatt
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Oct 29 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Walter C Hiatt	FULL MAIDEN NAME	Laura Freeman
RESIDENCE	Lewiston Ida	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W Johnson

(Physician or ~~midwife~~)

Give names added from a supplemental report.

Address .....

..... , 19....

Filed 11/8/ 1922 F.T.Harris, M.D.

Registrar.

Johnson

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 23 1964

JUN 27 1945

257-211-035-617

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 1

CERTIFICATE OF BIRTH

1 [redacted]

County of Ada

City of Gifford

Registration District No. 92

File No.

No. St.

Primary Registration District No. 2170

Registered No. 10

Hospital

FULL NAME OF CHILD Lillian Elaine Serbra

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	11 11 1922

FATHER		MOTHER	
FULL NAME	John Serbra	FULL MAIDEN NAME	Julia Wagner
RESIDENCE	Summit	RESIDENCE	Summit
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Bohemia	BIRTHPLACE	Bohemia
OCCUPATION	blacksmith	OCCUPATION	housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P M. on the date above stated.

(Signature) E. E. Watts

(Physician or midwife)

Address

Filed 11-11 1922 E. E. Watts Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

NOT TO THE STATE BOARD OF HEALTH

294-138-035-75

PLACE OF BIRTH Idaho

106886

[redacted] State Board of Health

Record No.

County of Kootenai

City or Town of Tensed

BUREAU OF VITAL STATISTICS

Registered No. 229

CERTIFICATE OF BIRTH

Registration Dist. No. ..... (No. ....., ... St.; ..... Ward)

FULL NAME OF CHILD Robert Earl Simpson } If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1		1	yes	Sept 30, 1922

FATHER

Full Name Carl C Simpson

Residence Pinecrest Wash

Color White Age at last Birthday 27 (Years)

Birthplace (State or Country) Montana

Occupation Civil Engineer

MOTHER

Full Maiden Name Edna Peck

Residence Pinecrest Wash

Color White Age at last Birthday 21 (Years)

Birthplace (State or Country) Wash

Occupation Hse.

Number of child of this mother 1

Number of children, this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was { born alive / ~~stillborn~~ } † and that it occurred on Sept 30, 1922, at 10 A.M.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signature) Jas Sheafe M.D.

(Physician or Midwife)

Address Pinecrest Wn

Give name added from a supplemental report Dec. 7th, 1922.

F.T. Harris, M.D. Registrar.

Filed Dec 7, 1922 F.T. Harris Registrar.

† Indicate which by drawing line through superfluous word.

OCT 1-0 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

4/15-10/035-4/65

PLACE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 13 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106887

County of Nezperce

City of Lewiston

No. 2402 - 11th Ave St. Registration District No. 96 File No.

Hospital — Primary Registration District No. 1009 Registered No. 880

FULL NAME OF CHILD ~~Geo M~~ Morning

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov 1 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Geo M. Morning	FULL MAIDEN NAME	Alzida Donaldson
RESIDENCE	2402 11th Ave Lewiston	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John W Alley

(Physician or midwife)

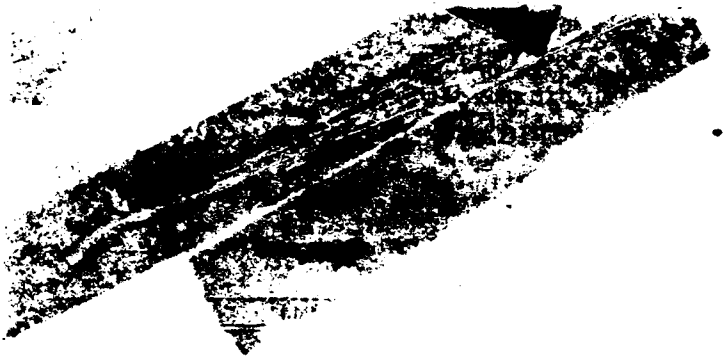
Address

Give names added from a supplemental report.

Dec. 7th, 1922

Alley F. T. Harris, M.D. Registrar.

Filed Dec 7 1922 F. T. Harris Registrar.



755-103-035-235

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 1 ... BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce
City of Lewiston
No. 1504 main St.
Hospital White

Registration District No. 96 File No. 106888
Primary Registration District No. 1009 Registered No. 231

FULL NAME OF CHILD Jonas Albert Penland
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov. 3 1922

What bactericidal solution was used in eyes? 15% argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Dewitt Penland	FULL MAIDEN NAME	Marie Kleth
RESIDENCE	216 11 St Lewiston Ida	RESIDENCE	216 11 St Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Lewiston Ida	BIRTHPLACE	Irene S Dak.
OCCUPATION	Plumber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Clark
physician
(Physician or midwife)

Address Lewiston Idaho

Filed Dec 7 1922 F. T. Harris
Registrar.

Give names added from a supplemental report.

Dec. 7th, 1922

F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1969

54-7-105-035-619

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 11 1922 BUREAU

CERTIFICATE OF BIRTH

106889

County of Nezperce
City of Lewiston
No. ..... St.
Hospital St. Josephs

Registration District No. 96 File No. .....
Primary Registration District No. 1009 Registered No. 232

FULL NAME OF CHILD Lyle Charles Edgington
(Certificate of no value without full name of child.)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Nov 5 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Frank N. Edgington	FULL MAIDEN NAME	Fannie M. Fairfield
RESIDENCE	Craigmont Idaho	RESIDENCE	Craigmont, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Wisconsin
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Carasow
(Physician ~~or midwife~~)

Address Lewiston, Idaho

Filed Dec 7 1922 F. T. Harris
Registrar.

Give names added from a supplemental report.

12/7/ 1922

F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Madam:

The name of your baby was not filed in on the birth certi-
e sent to this office. It is of vital importance to have the full
ncluded in the record. Kindly fill in the information requested
blank below and return this sheet at your earliest convenience,
enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

City Lewiston File No. 106889

St. St. Joseph's Hospital Date of Birth November 5th

County Nez Perce Sex of Child Male

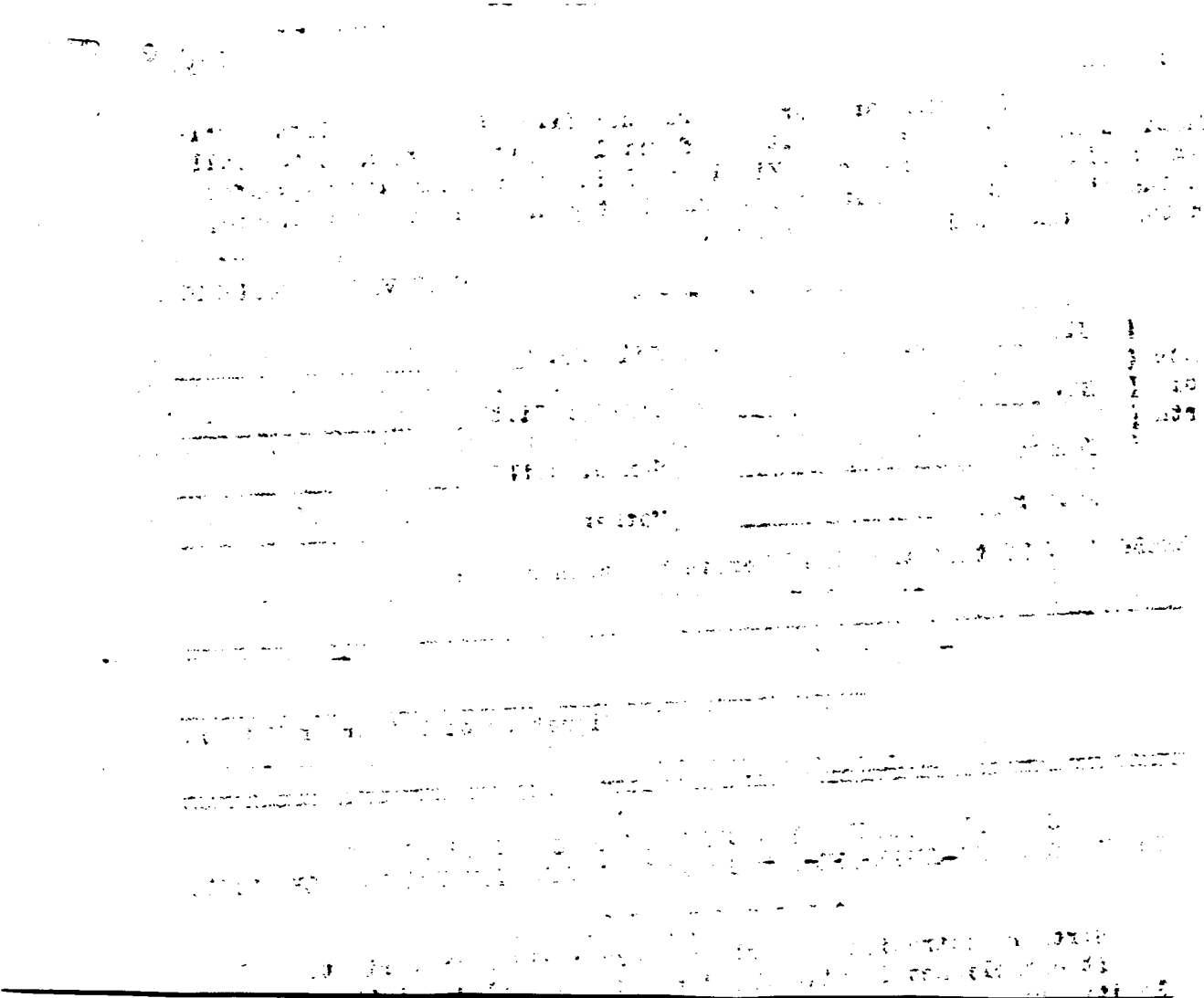
Father Edgington Mother Fannie Edgington

I CERTIFY that the child herein has been named:

Lyle Charles Edgington.

E. M. Edgington.

Signature of Father or Mother.



279-16-035-542

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Mar. 8-17

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital White Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 96 — File No. 106890

Primary Registration District No. 1009 — Registered No. 233

FULL NAME OF CHILD George Sparrowk Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	Yes	Nov 6th 1922

	FATHER	MOTHER
FULL NAME	George Sparrowk	FULL MAIDEN NAME Bertha Euster
RESIDENCE	Lewiston, Idaho	RESIDENCE Lewiston Idaho.
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years) 22
BIRTHPLACE	Portland Ore	BIRTHPLACE Great Falls - Montana
OCCUPATION	Railroad Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar F White (Physician or midwife)

Address Lewiston, Idaho

Given names added from a supplemental report.

12/7/1922

F. T. Harris, M. D. Registrar

Filed Dec 7 1922 F. T. Harris Registrar

999-106-035-993

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 10689

County of Nez Perce

City of Lewiston

No. ✓ St.

Registration District No. 96 File No.

Hospital St Joseph Primary Registration District No. 1009 Registered No. 234

FULL NAME OF CHILD Frank Clark Bruce
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			ye	Nov 6 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clark A Bruce	FULL MAIDEN NAME	Carol Rice
RESIDENCE	7th Ave Lewiston	RESIDENCE	Some
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	RR Switchman	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 3:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W Johnson
(Physician or midwife)

Address

Give names added from a supplemental report.

12/7/ 19 22

Filed Dec 7 1922

Johnson F. T. Harris, M.D.
Registrar.

F. T. Harris
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

39-2071035-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Nez Perce

RECEIVED DEC 11 1922

City of Lewiston

No. 1128 6th St.

CERTIFICATE OF BIRTH 106892

Registration District No. 96 File No.

Hospital

Primary Registration District No. 1009 Registered No. 235

FULL NAME OF CHILD Thelma Mae Crawford
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	and		Yes	Nov 7 1922

What bactericidal solution was used in eyes? 1/3% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Charles Duke Crawford	Gertrude Effie Martin
RESIDENCE	Alhambra Cal	Alhambra Cal
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	31
BIRTHPLACE	Los Angeles Cal	Cottonwood Ida
OCCUPATION	Merchant	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Clark
Physician
(Physician or midwife)

Address Lewiston Idaho.

Give names added from a supplemental report.

12/7/ 1922
F. T. Harris, M.D.
Registrar.

Filed Dec 7 1922 F. T. Harris
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued January 6, 1941. E.W.

JUN 25 1970

313-207-035-313

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
DEC 1 1922
BUREAU OF VITAL STATISTICS

County of Lewiston Nez Perce
City of Nez Perce Lewiston
Registration District No. 96 File No. 106893
No. 326 Pinehurst St. Primary Registration District No. 1009 Registered No. 236
Hospital No

FULL NAME OF CHILD Louise Jean Patterson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	Nov 7 (Month) (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	Delbert M Patterson	FULL MAIDEN NAME	Stella Talbott
RESIDENCE	Culdesac Ida	RESIDENCE	Culdesac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Hawksville Washington	BIRTHPLACE	Craigmont Lewis County
OCCUPATION	Rancher	OCCUPATION	Home Work

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4-30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Harris MD
(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

12/7/ 1922

F. T. Harris, M.D.
Registrar

Filed Dec 7 1922 F. T. Harris
Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

164-210-035-249

PLACE OF BIRTH

RECEIVED DEC 11 19[illegible] BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106894

County of Nezperce
City of Lewiston
No. ____ St.
Hospital St. Joseph's

Registration District No. 96 File No. ____
Primary Registration District No. 1009 Registered No. 237

FULL NAME OF CHILD Patrica Ann Mounce
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Nov 10 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2. Number of child of this mother now living, including present birth 2.

FATHER		MOTHER	
FULL NAME	Clarence Mounce	FULL MAIDEN NAME	Georgia Smith
RESIDENCE	Lewiston Idaho.	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Wyoming
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 11. P. M. (Born alive ~~or stillborn~~) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Pearson

(Physician ~~or midwife~~)

Address Lewiston, Idaho.

Give names added from a supplemental report.

12/7/, 19 22

F. T. Harris, M.D.
Registrar.

Filed Dec 7 1922 F. T. Harris
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

145-110-035-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce
City of Lewiston
No. 0124 - 27th St.
Hospital —

Registration District No. 96 File No. 106895
Primary Registration District No. 1009 Registered No. 238

FULL NAME OF CHILD Wallace Clark Dunham
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov 10 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Earl T. Dunham	FULL MAIDEN NAME Edith Jenks
RESIDENCE 0124 - 27th St Lewiston	RESIDENCE same
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Idaho	BIRTHPLACE
OCCUPATION Painter	OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 12 M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson
(Physician or midwife)

Address

Give names added from a supplemental report.

12/7/ 19 22

Johnson F. T. Harris, M.D.
Registrar.

Filed Dec 7 1922 F. T. Harris
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 1952

269-215-0375-19

PLACE OF BIRTH

Amended 11/19/73

County of Nezperce

City of Lewiston

No. ——— St.

Hospital St Joseph's

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 106896

Primary Registration District No. 1009 Registered No. 239

FULL NAME OF CHILD Marguerite Elaine Swisher

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov 15 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Boyd E Swisher	FULL MAIDEN NAME	Gertrude Rose Harris
RESIDENCE	1627-7th Lewiston	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	RR. Shopman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Braddock

(Physician or midwife)

Address

Give names added from a supplemental report.

12/7/, 1922

F. T. Harris, M.D.
Registrar.

Filed Dec 7 1922 F. T. Harris
Registrar.

E Braddock

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 23 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Nez Perce } ss.

RECEIVED BUREAU OF VITAL STATISTICS OCT 19 12 00 PM '73

Certificate No. 106896

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Marguerite Adlene Swisher (Name on Original Certificate) who was born (Was Born or Died) on Nov. 15, 1922 (Date of Event) in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Marguerite Adelene Swisher	Marguerite Elaine Swisher

Subscribed and sworn to before me this 12 day of Oct 19 73

D. Lester Jon Bargen

Notary Public, residing at Lewiston Idaho

My commission expires 8/20/77

(Seal)

Signed Gertrude B Deese Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1203-9th St. Lewiston, Idaho 83501

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nez Perce } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of Oct 19 73

D. Lester Jon Bargen

Notary Public, residing at Lewiston, Idaho

My commission expires 8/20/77

(Seal)

Signed Frances E Everett

(Signature of Any Credible Person)

1016 Prospect Lewiston Ida

(Street Address, City, State)

FORM DH 60-152 CL 6/6/73 lcc pd.

NOV 19 1973

The Holy Sacramentot Baptism gives ~~xx~~ name as Marguerite Elaine Swisher daughter of Boyd Swisher ans Gertrude Harris. Born Nov. 15, 1922. Was Baptized Dec. 1922. in Lewiston, Idaho. Viewed by V. S.

Copy of pages from Baby book gives name as Marguerite Elaine Swisher. parents names given as Boyd E. Swisher (mr. & Mrs.) born Nov. 15, 1922. Viewed by V. S.

Certified copy from Washington Stated dept.of Health givesch ild's name as Barbara Jean Downey born Jan . 11, 1942. father's name given as Calvin Robert Downey and the mother's name as Marguerite Elaine Swisher. Viewed by V. S.

212-220-035-396

PLACE OF BIRTH

AMENDED - OCTOBER 4, 1949

County of Nezperce

City of Lewiston

No. ____ St.

Hospital St. Joseph

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 106898

Primary Registration District No. 1009 Registered No. 241

FULL NAME OF CHILD Marjorie Winnifred Baker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Nov. 20 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Henry Baker	FULL MAIDEN NAME: Winnifred Crocker
RESIDENCE: Lucile, Idaho	RESIDENCE: Lucile, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Washington
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) E. G. Braddock

M.D.
(Physician or midwife)

Address .....

Filed Dec. 7 1922 F. T. Harris
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup 061922-174440

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 106898

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Baby	Maryone

Subscribed and sworn to before me this 4th day of Oct, 1949

Notary Public, residing at Boise, Idaho
My commission expires .....
(Seal)

Signed Dorothy C. Anders
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1417-12th St. Sacramento, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

369-220-035-362

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 11 19 BUREAU

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 106899

Primary Registration District No. 1009 Registered No. 242

FULL NAME OF CHILD Mary Marguerite Lorang

(Certificate of no value without full name of child.)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		yes	Nov 20 1922

What bactericidal solution was used in eyes? Argyrol 15%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Henry Mathias Lorang	FULL MAIDEN NAME	Marguerite Tobin
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Genesee Idaho	BIRTHPLACE	Omaha Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. O. Clark

Physician
(Physician or midwife)

Address Lewiston Idaho

Filed Dec 7 1922 F. T. Harris
Registrar.

Give names added from a supplemental report.

12/7/, 1922

F. T. Harris, M.D.
Registrar.

667-220-035-769

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 11 1922 STATE BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106900

County of Nez Perce

City of Lewiston

No. 15 04 Main St. Registration District No. 96 File No.

Hospital White Primary Registration District No. 1009 Registered No. 243

FULL NAME OF CHILD Marjorie Bertha Fox
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	and		yes	Nov 20 1922

What bactericidal solution was used in eyes? argyrol 15%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Morgan Burges Fox	FULL MAIDEN NAME	Clara Emma Gordon
RESIDENCE	Winchester Idaho	RESIDENCE	Winchester Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Bern Kansas	BIRTHPLACE	grangeville Ida
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Clark
Physician
(Physician or midwife)

Address Lewiston Idaho.

Filed Dec 1 1922 F. T. Harris
Registrar.

Give names added from a supplemental report.

12/7/ 1922

F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-221-035-714

PLACE OF BIRTH

RECEIVED DEC 11 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106901

County of Nez Perce

City of Lewiston

No. E. Main St.

Registration District No. 96 File No.

Hospital

Primary Registration District No. 1009 Registered No. 244

FULL NAME OF CHILD Lucile Elizabeth Poore

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	11-21-1922

What bactericidal solution was used in eyes? Arg. nit - 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robt. Benj Poore	FULL MAIDEN NAME	Anna Matilda Paulson
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	N. E.	BIRTHPLACE	Wis.
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2:10 a M. on the date above stated.

(Born alive or [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tyler

(Physician or [redacted])

Address Lewiston

Give names added from a supplemental report.

12/7/, 1922

F. T. Harris, M.D.
Registrar.

Filed Dec 7 1922 F. T. Harris
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 24 1971

o.c. 6/11/41. w.h.

[redacted]

769-123-035-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Nez Perce

City of Lewiston Orchards

CERTIFICATE OF BIRTH

106902

No. _____ St.

Registration District No. 96 File No. _____

Hospital _____

Primary Registration District No. 1009 Registered No. 245

FULL NAME OF CHILD James Alexander Stuart Gordon.
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	11-23-1922

What bactericidal solution was used in eyes? Arg. Nit 1%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME	Sida S. Gordon	FULL MAIDEN NAME Nella M. Jones
RESIDENCE	Lewiston Orchards	Lewiston Orchards
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	48	34
BIRTHPLACE	Wis	Ohio.
OCCUPATION	Farmer	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or dead~~), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Doyle

(Physician ~~or Midwife~~)

Address Lewiston, Ida.

Give names added from a supplemental report.

12/7/, 1922

F. T. Harris, M.D.
Registrar.

Filed Dec 7 1922 F. T. Harris.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 24 1942

796-23-035-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. ..... St.

Registration District No. 96 File No. 106903

Hospital St Joseph Primary Registration District No. 1009 Registered No. 246

FULL NAME OF CHILD Harry Everett Graseclose
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	July 23 1922

What bactericidal solution was used in eyes? —

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J B Graseclose	FULL MAIDEN NAME	Azora Pierce
RESIDENCE	Juliaetta, Ida.	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Virginia	BIRTHPLACE	Minnesota
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 3 am. at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Alley
(Physician or midwife)

Address Lewiston, Ida

Filed Dec 7 1922 F. T. Harris
Registrar.

Give names added from a supplemental report.

12/7/ 1922

F. T. Harris, M.D.
Registrar.

Alley

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted] 154-229-036-154

Form V. S. No. 11-C--25m-7-21-19

[redacted] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

Registration District No. 24 File No. 106904

Primary Registration District No. 2069 Registered No. 168

FULL NAME OF CHILD Tivila Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept 29 1922

FATHER		MOTHER	
FULL NAME	Lawrence Anderson	FULL MAIDEN NAME	Gracy Anderson
RESIDENCE	Stone Ida	RESIDENCE	Stone Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Stone Ida	BIRTHPLACE	Hyde Park Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Dead, alive or stillborn), at 11:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward Hughes

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Registrar

Filed Nov 9 1922

R J Maner M.D.
Registrar

[illegible] ΣΕ ΣΩΒΓΙ ΜΕΓ.

[illegible] OE IDWH[illegible]

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City _____ File No. 106904

St. _____ Date of Birth _____

County _____ Sex of Child Female

Father _____ Mother _____

I HEREBY CERTIFY that the child herein has been named:

_____

_____

Signature of Father or Mother.

965-20 4036-619 amend 11-2-82

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED NOV 15 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 106905

No. ..... St.

Primary Registration District No. 2069 Registered No. 169

Hospital .....

FULL NAME OF CHILD Della Marie Roe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct 3 22

	FATHER	MOTHER
FULL NAME	Harold Roe	FULL MAIDEN NAME: Vera Warner
RESIDENCE	Stone, Ida	Stone, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	21
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Mauer
M. D
(Physician or midwife)

Address Malad

Given names added from a supplemental report.

..... 19.....

Registrar

Filed NOV 9 1922 R. T. Mauer M.D
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-28-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 1 1 01 PM '82

State of IDAHO
County of BINGHAM } ss.

Certificate No. 106905
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Male Roe (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 2, 1922 (Date of Event)

in Malad (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs sex	Male	Female
childs name	Unnamed	Della Marie Roe
date of birth	Oct 2, 1922	Oct 3, 1922

Subscribed and sworn to before me this 29th day of October, 1982.

Notary Public, Tawn L. Warner
Residing at Aberdeen
My commission expires 7-7-86
(Seal)

X Della Marie Buchholz
Signature of Applicant
Box 106
Aberdeen ID 83210
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of POWER } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of OCTOBER, 1982.

Notary Public, Kristine K. Haeger
Residing at 547 Gifford Ave, Am. Falls, ID.
My commission expires FOR LIFE
(Seal)

Jennie May Leyshon
Supporting Signature
260 C. Jefferson Am Falls, Idaho
Street Address, City, State

lcc pd

Certificate of Blessing from LDS Church gives Della Marie Roe daughter of Harold Roe and Vera Jane Warner was born Oct 3, 1922 at Malad and was blessed 8-6-23. Viewed by V.S.

NOV - 2 1982

Cert of Membership from LDS Church gives Della Marie Roe, Female was born Oct 3, 1922 at Malad to Harold Roe and Vera Jane Warner and was baptised 9-26-31. Viewed by V.S.

927-103-036-719

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Oneida

CERTIFICATE OF BIRTH

City of Malad

Registration District No. 21

File No. 106906

No. ..... St.

Primary Registration District No. 2009

Registered No. 170

Hospital .....

FULL NAME OF CHILD Parry L. Ipsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 3 1922

FATHER		MOTHER	
FULL NAME	Lyman J. Ipsen	FULL MAIDEN NAME	Mary A. Parry
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Malad.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Nov. 9 1922

R. T. Maier M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PACIFIC SEAL

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
DEC 20 1922

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { City Malad

St. _____

County Oneida

File No. 106906

Date of Birth October 3rd 1922

Sex of Child Male

Father Lyman J. Ipsen Mother Mary P. Ipsen

I HEREBY CERTIFY that the child herein has been named:

Parry L. Ipsen

Lyman J. Ipsen
Signature of Father or Mother.

NOV 27 1944

415-207-036-799

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

RECEIVED NOV 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 106907

No. ..... St.

Primary Registration District No. 2067 Registered No. 171

Hospital .....

FULL NAME OF CHILD Mary Thelma Daniels

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Le Roy Daniels	FULL MAIDEN NAME	Mary L. Price
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Nov 9 1922 B T Maner M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WORKS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: City Malad — File No. 106907

St. ____ — Date of Birth Oct 7 1922

County Oneida — Sex of Child Female

Father LeRoy Daniels — Mother Mary L. Daniels

RECEIVED 1923 VITAL STATISTICS

I HEREBY CERTIFY that the child herein has been named:

Mary Thelma Daniels

Mary L Daniels

Signature of Father or Mother.

AUG 19 1960

693.210.036-613

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Malad

Registration District No. 26 File No. 106908

No. ..... St.

Primary Registration District No. 2069 Registered No. 172

Hospital .....

FULL NAME OF CHILD Lela Ann Williams

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Oct 10 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lloyd J Williams	FULL MAIDEN NAME	Sophia L Tallis
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farm Hand	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Hilton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Malad

Filed Nov 9 1922

R T Maner M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome }

Certificate No. 106908

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for not named (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 10 1922 (DATE OF EVENT)
in Malad Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Soon after birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Lela Ann Williams

Subscribed and sworn to before me this 11
day of May, 19 42

Signed Sophie H. Williams
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at

My commission expires
(SEAL)

Jerome Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed William G. Corrato
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

My commission expires
(SEAL)

Jerome Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By Probate Judge & Ex-Officio Clerk
(REGISTRAR'S SIGNATURE)

359-115-036-217

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED NOV 15 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

Registration District No. 26 File No. 106909

Primary Registration District No. 2064 Registered No. 173

FULL NAME OF CHILD Glen Lamar Terriere

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Edward Lamar Terriere	FULL MAIDEN NAME	Pearl Jane Baggett
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Republic Michigan	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Wardleigh M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah.

Filed Nov 9 1922 R. T. Maurer M.D. Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Stone

St. _____

County Oneida

File No. 106909

Date of Birth _____

Sex of Child Male

Father Edward Lamar Mother Pearl Jane

I HEREBY CERTIFY that the child herein has been named:

Glen Lamar Terrell

Edward Lamar Terrell

Signature of Father or Mother.

NOV 8 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-116-076-554

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

106910

County of Oneida

City of Malad

Registration District No. 26

File No.

No. St.

Primary Registration District No. 2069

Registered No. 174

Hospital

FULL NAME OF CHILD Vernon J. Ellis

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 16 1922

FATHER

FULL NAME James H. Ellis

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION Common Laborer

MOTHER

FULL MAIDEN NAME Lucy M. Meeuwsen

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE Utah

OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alton (Born alive or stillborn) at 5 T 5 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J. F. Alton

Physician

(Physician or midwife)

Address Malad

Filed NOV 9 1922

K. Tillman Utah

Registrar

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { City Malad

St. Idaho

County Oneida

File No. 106910

Date of Birth Oct 16

Sex of Child Male

Father James W. Ellis Mother Lucy E Ellis

I HEREBY CERTIFY that the child herein has been named:

Vernon J. Ellis

Lucy E Ellis

Signature of Father or Mother.

MAY 2 1973

265-223-036-312

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106911

County of Oneida

City of Holbrook Ida

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 175

Hospital

FULL NAME OF CHILD Mary Sweeten

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct (Month) 23 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Colen Hagel Sweeten	FULL MAIDEN NAME	Mary Casper
RESIDENCE	Holbrook Idaho	RESIDENCE	Holbrook Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Meadow Utah	BIRTHPLACE	Lewisville Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5.45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Wardleigh M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Snowville, Utah

Registrar

Filed Nov 9 1922

F. M. Maier M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho, 12/16 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Holbrook

(St. _____

(County Oneida

File No. 106911

Date of Birth Oct. 23rd 19

Sex of Child Female

Father Coleen H. Sweeten Mother Mary Casper Swee

I HEREBY CERTIFY that the child herein has been named

Mary

Mary C. Sweeten

Signature of Father or Mother.

RECEIVED DEC

693-126-036-693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

RECEIVED NOV 13 1922 BUREAU OF VITAL STATISTICS

Registration District No. 26 File No. 106912

Primary Registration District No. 2069 Registered No. 176

FULL NAME OF CHILD THOMAS LELAND WILLIAMS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 26 1922

FATHER		MOTHER	
FULL NAME	Will Williams	FULL MAIDEN NAME	Levita Williams
RESIDENCE	St. John	RESIDENCE	St. John
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Mauer M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malad

Filed Nov 09 1922

R T Mauer M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Oneida } ss.

Certificate No. 106912
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Thoma Leland Williams (Name on original certificate) who born (Was born or died) on Oct. 26, 1922 (Date of event)
in St John Onuda Co. Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Record (Bible record, insurance policy, etc.), prepared on Nov. 1922. (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Williams	Thomas Leland Williams
~~Thomas Leland Williams~~		
Date of birth	Nov. 27, 1922	Oct. 26, 1922

Subscribed and sworn to before me this 10
day of October, 1941

Notary Public, residing at Ed Ray
My commission expires Jany 20 1942
[SEAL]

Signed William J Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Malad City Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Oneida } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10
day of October, 1941

Notary Public, residing at Ed Ray Malad Idaho
My commission expires Jany 20 1942
[SEAL]

Signed Jos. Thorpe
(Signature of any credible person other than the previous affiant.)
Malad City Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 15 1941

JAN 21 1944

693-130-036-231

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED NOV 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 2C

File No. 106913

No. ..... St.

Primary Registration District No. 2064

Registered No. 177

Hospital .....

FULL NAME OF CHILD Donald Thayne Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 30 1922

FATHER		MOTHER	
FULL NAME	Edward T Williams	FULL MAIDEN NAME	Martha Blasdell
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Malad	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Malad

Given names added from a supplemental report.

..... 19....

Address .....

Filed Nov 9 1922

R T Maurer Jr.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
JAN 1 - 1975
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 106913

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Williams (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 30, 1922 (Date of Event) in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	~~Donald Thain Williams~~ Donald Thayne Williams
		Donald Thayne Williams

Subscribed and sworn to before me this 20 day of December, 1974

Notary Public, residing at Downey

My commission expires 11-1-76

(Seal)

Signed X Martha B. Williams (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of December, 1974

Notary Public, residing at Downey

My commission expires 11-1-76

(Seal)

Signed X John Brown
(Signature of Any Credible Person)

Downey, Idaho 83234
(Street Address, City, State)

FORM DH 60-155 CL 8/19/74 NM Rush!

National Public Service Ins. Co. gives name as Donald Thayne Williams. dated Nov. 5, 1946. File No. FSP 2 IDA 3085. viewed by V. S.

JAN 13 1975

Honorable Discharge crom the U,S, Army gives name as Donald T. Williams. date of birth given as Oct. 30, 1922. date of separation July 5, 1946. viewed by VS

263-230-076298

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 106914

No. ..... St.

Primary Registration District No. 2069 Registered No. 178

Hospital .....

FULL NAME OF CHILD Marna Lou Solomon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Oct 30 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Solomon	FULL MAIDEN NAME	Mary E. Bryson
RESIDENCE	Malad.	RESIDENCE	Malad
COLOR	white AGE AT LAST BIRTHDAY 39 (Years)	COLOR	white AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Mauer M.D (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Nov 9 1922

R T Mauer M.D Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho, 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: City Malad — File No. 106914

St. ____ — Date of Birth Oct. 30 1922

County Oneida — Sex of Child Female

Father Frank Solomon — Mother Mary E Simpson Solomon

I HEREBY CERTIFY that the child herein has been named:

Marva Lou Solomon

Mary E Solomon

Signature of Father or Mother

DEC 10 1941

469-131-036-356

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 106915

No. ..... St.

Primary Registration District No. 2069 Registered No. 179

Hospital .....

FULL NAME OF CHILD EDMOND MORGAN, JR. Edmond, Jr. Morgan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 31 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edmond Morgan	FULL MAIDEN NAME	Catherine Lewis
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malad

Filed Nov. 9 1922

R. T. Minor M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { City Malad

St. _____

County Oneida

File No. 106915

Date of Birth October 31

Sex of Child Boy Male

Father Edmond Morgan Mother Catherine Morgan

I HEREBY CERTIFY that the child herein has been named:

Edmond Morgan, Jr.

Edmond Morgan

Signature of Father or Mother.

K

OCT 27 1942

Form V. S. No. 11-C—25m-1-1-18

PLAC[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106916

County of Owyhee

City of 12 miles from Jordan Valley Registration District No. File No.

994-201-737-862
No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Allys Jean Zimmer

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Girl	No	3	Yes	Oct. 1 (Month) (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: William Henry Zimmer	FULL MAIDEN NAME: Sarah Christina York
RESIDENCE: Country 12 miles of Jordan Valley, Ore	RESIDENCE: Country 12 mi of Jordan Valley, Ore
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Burlington, Iowa	BIRTHPLACE: Eugene, Oregon.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Jones M.D
Physician
(Physician or midwife)

Address Jordan Valley Ore

Filed Oct 9 1922 W W Jones M.D
Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

413-210-017-813

PLACE OF BIRTH

RECEIVED DEC 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106917

County of Owyhee

City of Grand View

No. ..... St. Registration District No. 74 File No. .....

Hospital ..... Primary Registration District No. 2151 Registered No. 38

FULL NAME OF CHILD Elinor Lucille Mathews
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov. 10 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 12 Number of child of this mother now living, including present birth 11

FATHER		MOTHER	
FULL NAME	Elmer W. Mathews	FULL MAIDEN NAME	Mary Evalyn Hallford
RESIDENCE	Grand View	RESIDENCE	Grand View
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Illinois
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. J. Eckenbeck
Physician
(Physician or midwife)

Address Grand View

Filed Dec 1 1922 W. J. Eckenbeck
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3 0 1974

534-114-038

PLACE OF BIRTH [redacted] ED
922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

[redacted] OF VITAL
STISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Nr Plymouth

No. R 7 Dr St. Registration District No. 5 File No. 106918

Hospital Primary Registration District No. 2009 Registered No. 24

FULL NAME OF CHILD Dan Kieth Eldridge
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Oct 14 192 7

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Arthur Byron Eldridge	FULL MAIDEN NAME Ethel Marian Mackinson
RESIDENCE Nr Plymouth Ida	RESIDENCE with husband
COLOR W	COLOR
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Kans.	BIRTHPLACE Nebr.
OCCUPATION Stock Raiser	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fm. Drake. M. D.

(Physician or midwife)

Address Nr Plymouth Ida

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 10/15 1927 Wm T. Drysdale
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-11-41

296-215-038-669

PLACE OF BIRTH

RECEIVED NOV 16 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of near Falk

No. ..... St. Registration District No. 5 File No. 106919

Hospital ..... Primary Registration District No. 2009 Registered No. 25

FULL NAME OF CHILD Ina Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Oct 15 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ernest Everett Brown	FULL MAIDEN NAME	Melva Annabel Forhan
RESIDENCE	near Falk, Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Ore.	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M.D.
(Physician or midwife)

Address New Plymouth Ida

Filed 10/15 1922 Wm T. Drysdale
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

635-127-038-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106920

County of Payette

City of New Plymouth

No. ..... St. ..... Ward 5 ..... File No. .....

Hospital ..... Primary Registration District No. 2009 Registered No. 26

FULL NAME OF CHILD Daniel Joseph O'Leary
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Oct 27 1922

What bacteriedal solution was used in eyes? argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Michael Jas O'Leary	FULL MAIDEN NAME Bertha Wing
RESIDENCE New Plymouth Ida	RESIDENCE with husband
COLOR W AGE AT LAST BIRTHDAY 30 (Years)	COLOR W AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Ireland	BIRTHPLACE Kans
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M D
(Physician or midwife)

Address New Plymouth Ida

Give names added from a supplemental report.

....., 19.....

Filed 10/78 192x Wm J. Drysdale
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

NOV 3 1941

253-21Y-038-693

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of

No. St.

Registration District No. 4 File No. 106921

Primary Registration District No. 1008 Registered No. 116

Hospital

FULL NAME OF CHILD Ruby Ruth Kelly

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov. 14 (Month) (Day) 1922 (Year)

FATHER

FULL NAME William David Kelly

RESIDENCE Little Willow Creek

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Virginia

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Flora Williams

RESIDENCE Little Willow Creek

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Pennsylvania

OCCUPATION None

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:00 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward M.D.

Physician

(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

19

Registrar

Filed Nov. 14, 1922 J. C. Woodward

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1945

693-111-038 [redacted]

PLACE OF [redacted]

-25m-6-18-16

County of Payette

City of Payette

No. _____ St.

Hospital _____

RECEIVED DEC 2 192 BUREAU OF STATISTICS

[redacted] STATISTICS

CERTIFICATE OF BIRTH

106922

Registration District No. 4

File No. _____

Primary Registration District No. 1008

Registered No. 116

Full Name of Child Gerald Richard Wilkin

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
male		yes	Nov. 11 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ora F Wilkin	FULL MAIDEN NAME	Lenora Fitzgerald
RESIDENCE	Payette, Idaho	RESIDENCE	Payette, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho
OCCUPATION	Fruit Inspector	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. J. Reese, M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Ontario, Oregon

Filed Nov 25 1922 J. C. Woodward

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/10/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

168-224-038-36

County of Payette

City of Payette

No. ..... St.

Hospital .....

[redacted]

C—20m-2-15-12

23

Primary Registration District No. 1008 Registered No. 117

FULL NAME OF CHILD Dorothy Jane Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female			Yes	November 24 22 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Auggus Axel Johnson	FULL MAIDEN NAME: Roma Long
RESIDENCE: Payette Idaho	RESIDENCE: Payette Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. McDonald

(Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 26 1922 J. O. Woodward

Registrar

..... Registrar

S-Y CO. 20174

419-105-038-845

PLACE OF BIRTH

RECEIVED DEC 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Nr Plymouth

No. ..... St.

Registration District No. 3 File No. 106924

Hospital ..... Primary Registration District No. 1009 Registered No. 27

FULL NAME OF CHILD Daniel Roso Darnall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m	and		yes	Nov 5 192?

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Roso J. Darnall	FULL MAIDEN NAME	Margaret Hunter
RESIDENCE	Nr Plymouth	RESIDENCE	with husband
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Nebr.	BIRTHPLACE	Canada
OCCUPATION	Service Station owner.	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Drake M. D.
(Physician or midwife)

Address Nr Plymouth Ida

Give names added from a supplemental report.

....., 19.....

Filed 11/13 192? Wm J. Drysdale
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1942

993-20-1038-666

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 5 1928
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106925

County of Payette

City of Mrr Plymouth

No. ..... St.

Registration District No. 5

File No.

Hospital

Primary Registration District No. 1009

Registered No. 78

FULL NAME OF CHILD Mary Eleanor Rice

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Nov 7 1928

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Clatou S. Rice	FULL MAIDEN NAME Esther Wood
RESIDENCE Mrr Plymouth	RESIDENCE with husband
COLOR W AGE AT LAST BIRTHDAY 38 (Years)	COLOR W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Mich.
OCCUPATION Clergyman	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. M. Drake M. D.

(Physician or midwife)

Address Mrr Plymouth Ida

Filed 11/13 1928 W. J. Dysdale

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-121-039-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106926

County of Power

City of

No. St.

Hospital

Registration District No. 25 File No.

Primary Registration District No. 2072 Registered No. 457

FULL NAME OF CHILD Howard Thomas Thornton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth
Male	4 (To be answered only in event of plural births)	yes	Oct 21 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Geo Dunn Thornton	FULL MAIDEN NAME	Elva Thomas
RESIDENCE	American Falls Ida.	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan
Physician
(Physician or midwife)

Address American Falls

Filed 10-24 1922 R. A. Noth
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

794.21.039.813

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Power

City of Pauline P.O.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106927

Registration District No. 25 File No. 4

Primary Registration District No. 2072 Registered No. 45-6

FULL NAME OF CHILD Laura Louise Pruitt

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth 6 | Legitimate? Yes | Date of Birth Oct (Month) 19 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Dock Pruitt	FULL MAIDEN NAME Jennie Alice Hatley
RESIDENCE Pauline Ida.	RESIDENCE Pauline
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Mo	BIRTHPLACE Wash
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) U. G. Logan

Physician
(Physician or midwife)

Address American Falls

Filed 10-24 1922 R. L. Nott
Registrar

AUG 18 1942

AUG 1 1950

959-115-039-614

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106928

County of Power

City of

No. St.

Hospital

Registration District No. 25

File No. 9

Primary Registration District No. 2072

Registered No. 455

FULL NAME OF CHILD Conrad Reitz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth (Month) (Day) (Year)
Male	4	Yes	Oct 15 1922

FATHER		MOTHER	
FULL NAME	Everett Frederick Reitz	FULL MAIDEN NAME	Bertha Wade
RESIDENCE	Roy Ida.	RESIDENCE	Roy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address American Falls

Registrar

Filed 10-24 1922 R. F. Noth Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1 1972

963-212-039-963

PLACE OF BIRTH

County of Power

City of

No. St.

Hospital Amended 10/20/78

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106929

Registration District No. 25 File No. 9

Primary Registration District No. 2072 Registered No. 454

FULL NAME OF CHILD Christina Roth
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	9	Yes	Oct 12 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER	MOTHER
FULL NAME Henry Roth	FULL MAIDEN NAME Prestenia Roth
RESIDENCE Niagara Falls	RESIDENCE Niagara Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 49 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Russia	BIRTHPLACE Russia
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan
Physician
(Physician or midwife)
Address Niagara Falls

Filed 10-24-1922 R. L. Nolte
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 31 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 20 1 11 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 106929

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ~~birth~~ (Birth or Death)
for Inngord Louise Rotth (Name on Original Certificate) who was born (Was Born or Died) on October 12, 1922 (Date of Event)
in American Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Inngord Louise Roth	Christina Roth

Subscribed and sworn to before me this 20th day of October, 19 78
Margaret D. Sams
Notary Public, residing at Boise
My commission expires Lifetime
(Seal)

Signed X Christina Osterhout
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
X 636 Sykes Dr Ida Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
..... , 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 10/30/73

Statement dated 11/11/77 from St. John's Lutheran Church states that Christina Roth born 10/12/22 was baptised on 10/22/22 in American Falls. viewed by V.S.

Own child's birth certificate issued by State of Idaho 8/18/43 lists name of Mother as Christina Roth born in American Falls, Idaho. (S.F.#380101) viewed by V.S.

963-12-039-963

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of

No. St.

Hospital

Registration District No. 25 File No. 106930

Primary Registration District No. 2072 Registered No. 453

FULL NAME OF CHILD Oscar Roth
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin		8	Yes	Oct 12 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Henry Roth	FULL MAIDEN NAME	Christenia Roth
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V G Logan

Physician
(Physician or midwife)

Address American Falls

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 10-24 1922 R. J. Notts
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613 11-039-785

PLACE OF BIRTH

County of Power

City of

No. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106931

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 9

Primary Registration District No. 2072 Registered No. 452

FULL NAME OF CHILD Guy Sherwood Walker

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	Yes	Oct 11 1922

What bacteriocidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth one Number of child of this mother now living, including present birth one

FATHER	MOTHER
FULL NAME Guy Leon Walker	FULL MAIDEN NAME Dena Mildred Sherwood
RESIDENCE American Falls	RESIDENCE American Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Mich
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) V. G. Logan

Physician

(Physician or midwife)

Address American Falls

Filed 10-24-1922 R. F. Notts Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 22 1966

469-208-039-318

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106932

County of Power

City of Rockland R.D

No. ..... St.

Registration District No. 25 File No. .....

Hospital .....

Primary Registration District No. 2072 Registered No. 451

FULL NAME OF CHILD Virginia GENEVA Morris
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	2	Yes	Oct 8 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Doral Morris	FULL MAIDEN NAME	Ruth Jasam
RESIDENCE	Rockland	RESIDENCE	Rockland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Jones
Physician
(Physician or midwife)

Address Meridian Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 10-24-1922 R. L. Noble Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Power. }

2nd twin

Certificate No. 106932

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth, (Birth or Death) for Geneva Morris (Name on Original Certificate) who was born (Was Born or Died) on October 8th, 1922, (Date of Event) in Rockland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on June, 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Virginia Morris	Geneva Morris

Subscribed and sworn to before me this 15th day of June, 19 42.

Notary Public, residing at American Falls, Idaho.

My commission expires 10/22/1943
(Seal)

Signed Ruth Tayson Morris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rockland, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Power. }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of June, 19 42.

Notary Public, residing at American Falls, Idaho.

My commission expires 10/22/1943.
(Seal)

Signed V G Logan MD
(Signature of Any Credible Person Other Than Previous Year)

American Falls, Idaho.
(Street Address, City, State)

JUN 17 1942

JUN 2 2 1942

469 208 039-318

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106933

County of Power

City of Rockland P.O.

No. ..... St.

Hospital .....

Registration District No. 25 File No. 9

Primary Registration District No. 2072 Registered No. 450

FULL NAME OF CHILD ~~Genevieve~~ GENEVIEVE Morris
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	from		1 7	Yes	Oct 8 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 8 7 Number of child of this mother now living, including present birth 8 7

FATHER		MOTHER	
FULL NAME	David Morris	FULL MAIDEN NAME	Ruth Tasam
RESIDENCE	Rockland	RESIDENCE	Rockland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan

Physician (Physician or midwife)

Address American Hall

Filed 10-24 1922 R. J. Nothe Registrar.

Give names added from a supplemental report.

..... 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Power. }

First Twin

Certificate No. 106933

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Genevia Morris (Name on Original Certificate) who was born (Was Born or Died) on October 8th, 1922 (Date of Event)
in Rockland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on June, 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Genevia Morris	Genevieve Morris

Subscribed and sworn to before me this 15th day of June, 1942.

Notary Public, residing at American Falls, Idaho.

My commission expires 10/22/1943.
(Seal)

Signed Ruth Tayson Morris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

Rockland, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Power. }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of June, 1942.

Notary Public, residing at American Falls, Idaho.

My commission expires 10/22/1943.
(Seal)

Signed V G Tyson MD
(Signature of Any Credible Person Other Than Previous Year)

American Falls, Idaho.
(Street Address, City, State)

JUN 17 1942

JUN 2 2 1942

OCT 2 2 1954

OCT 2 5 1954

JUN 7 1962

695-205-039-559

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106934

County of Power

City of American Falls

No. ..... St.

Hospital .....

Registration District No. 25 File No. 9

Primary Registration District No. 2072 Registered No. 449

FULL NAME OF CHILD Margaret Vanda Friesen
(Certificate of no value without full name of child.)

Sex of Child female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Oct 5 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	John Henry Friesen	FULL MAIDEN NAME	Katie Enz.
RESIDENCE	American Falls Ida	RESIDENCE	American Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M.D.
Physician
(Physician or midwife)

Address Aberdeen Ida

Filed 10-24 1922 R. J. Noth
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth { City American Falls File No. 106934

St. Idaho Date of Birth October 5

County Power Sex of Child Female Female

Father John Henry Mother Katie Ens

I HEREBY CERTIFY that the child herein has been named:

Margareth Vanda Friesen

Katie Ens Friesen

Signature of Father or Mother.

RECEIVED 1922 VITAL STATISTICS

APR 2 1956

386-103-039-465

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106935

County of Power

City of

No. St.

Hospital

Registration District No. 25 File No. 9

Primary Registration District No. 2072 Registered No. 448

FULL NAME OF CHILD Charles Maitin Thomas
(Certificate of no value without full name of child.)

Sex of Child Male

Twin Triplet or other? and Number in order of birth one
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth Sept 3 1922
(Month) (Day) (Year)

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth One Number of child of this mother now living, including present birth One

FATHER		MOTHER	
FULL NAME	Aren Thomas	FULL MAIDEN NAME	Dora Roychelle Donnelly
RESIDENCE	Heglar Idaho	RESIDENCE	Heglar Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address American Falls

Filed 10-24 1922 R. F. Noth
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-22-239-314

PLACE OF BIRTH

County of Power

City of

No. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106937

Registration District No. 23 File No. 9

Primary Registration District No. 2072 Registered No. 418

FULL NAME OF CHILD Not named
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		6	Yes	Oct 22 1922

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME Ralph Woodworth	FULL MAIDEN NAME Myrtle Campbell
RESIDENCE American Falls	RESIDENCE American Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Wash
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan
Physician
(Physician or midwife)

Address American Falls

Filed Oct. 28, 1922 Mrs. R. F. Noth
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 22 1967

585-22-1039-944

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25

File No. 906938

No. ..... St.

Primary Registration District No. 2072

Registered No. 471

Hospital Macella Dean Nye.

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	yes	Oct 24 22

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer DeWitt Nye	FULL MAIDEN NAME	Lucille Dorothy Rudley
RESIDENCE	American Falls Ida	RESIDENCE	American Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Montana
OCCUPATION	Manager Grain Elevator	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:30 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Martinson M.D.

Physician

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 4 29 Mrs. R. V. North

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/14/41. w.h.

918-108-039-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 8 1922 BUREAU OF VITAL STATISTICS

County of Power

City of Am. Falls

No. ..... St.

Hospital Bethany

CERTIFICATE OF BIRTH 106939

Registration District No. 25 File No. 9

Primary Registration District No. 2972 Registered No. 470

FULL NAME OF CHILD William Carl August Zahl
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
MALE		Yes	Sept 8 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm C Zahl	FULL MAIDEN NAME	Margaret Thompson
RESIDENCE	Rockland, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minn	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address American Falls

Filed 11-21 1922 Mrs. R. F. Noth
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth { City American Falls File No. 106939

St. Bethany Beaconess Hospital Date of Birth September 8th 1922

County Power Sex of Child ~~Female~~ Male

Father William C. Zahl Mother Margaret Zahl

I HEREBY CERTIFY that the child herein has been named:

William Carl August Zahl Jr.

William C Zahl

Signature of Father or Mother.

JAN 14 1942

DEC 11 1941

418-203-039-355

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 3 - 1922
BUREAU OF VITAL STATISTICS

106940

CERTIFICATE OF BIRTH

County of Power

City of Am. Falls

No. ____ St.

Hospital Bethany

Primary Registration District No. 2072

Local Registration District No. 25

File No. 9

Registered No. 469

FULL NAME OF CHILD Genevieve May

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— and —	—	Yes	Sept 3 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Joseph C May	FULL MAIDEN NAME	Agnes Lee
RESIDENCE	Rockland, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz

(Physician or ~~midwife~~)

Address Amer. Falls

Filed 12-2-1922 Mrs. R. F. Nott

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho, 12/13

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Rockland File No. 106940

(St. _____ Date of Birth Sept 3

(County Power Sex of Child Female

Father Joseph C May Mother Agnes L May

I HEREBY CERTIFY that the child herein has been named:

Genevieve

Agnes L May

Signature of Father or Mother.

RECEIVED
1922
VITAL

255-231-039-269

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106941

CERTIFICATE OF BIRTH

RECEIVED DEC 8 1922 BUREAU OF VITAL STATISTICS

County of Power

City of

No. St.

Hospital

Registration District No. 25 File No. 9

Primary Registration District No. 2072 Registered No. 468

FULL NAME OF CHILD Edna Seelos
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	—	3	Yes	8 - 31 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Geo. Seelos	FULL MAIDEN NAME	Sylvia Sorensen
RESIDENCE	American Falls Ida	RESIDENCE	American Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Mo.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address American Falls

Filed 11-21 1922 Mrs. R. F. Noth
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-231-039-269

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106942

County of Power

City of

No. St.

RECEIVED DEC 5 1922

Registration District No. 25

File No. 9

Hospital

Primary Registration District No. 3072

Registered No. 468

FULL NAME OF CHILD Elsie Seelos

(Certificate of no value without full name of child.)

Sex of Child Fem

Twin / Triplet / or other? and Number in order of birth 2

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth 8 (Month) 31 (Day) 1922 (Year)

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 7

Number of child of this mother now living, including present birth 7

FATHER

FULL NAME Geo. Seelos

RESIDENCE American Falls R.F.D.

COLOR White

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Me.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sylvia Sorman

RESIDENCE Same

COLOR White

AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Ida.

OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address American Falls.

Filed 11-21-1922 Mrs. R. J. North

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

255-231-039-269

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 8 1922
BUREAU OF VITAL STATISTICS

County of Power

City of

No. St.

Hospital

CERTIFICATE OF BIRTH

106943

Registration District No. 25 File No. 9

Primary Registration District No. 2072 Registered No. 467

FULL NAME OF CHILD Ethel Seelos
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Triplets and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Females			1	Yes	Aug 31 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Geo. Seelos	FULL MAIDEN NAME	Sylvia C Sorensen
RESIDENCE	Am. Falls. R.F.D.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Mo.	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5-30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Amer. Falls, Ida

Filed 11-21 1922 Mrs. R. F. Nott
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

314-228-039-793

PLACE OF BIRTH

RECEIVED DEC 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106944

CERTIFICATE OF BIRTH

County of Power

City of Amer. Falls

No. ..... St. Registration District No. 25 File No. 9

Hospital ..... Primary Registration District No. 2072 Registered No. 466

FULL NAME OF CHILD Eldora Bernice Lamon
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	—		2	Yes	8-29-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Henry Leo Lamon	FULL MAIDEN NAME	Edith E. Gilliland
RESIDENCE	Amer. Falls	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Oaktown, ~~Mo.~~ Indiana	BIRTHPLACE	Indianola, Iowa
OCCUPATION	Book keeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 2:15 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. T. Schulz M.D.

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address American Falls

Filed 11-21 1922 Mrs. R. F. Noth
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

106945

CERTIFICATE OF BIRTH

County of Power

City of Am. Falls

No. ..... St.

Hospital

RECEIVED
DEC 8 1922
BUREAU OF VITAL STATISTICS

Institution District No. 25 File No. 9

Primary Registration District No. 2072 Registered No. 466

FULL NAME OF CHILD Wm Edwin ~~& Edna Bernice~~ Lamon

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male ~~Female~~	Twins and	Single	Yes	Aug 29 1922

What bacteriecidal solution was used in eyes? Prince Albert

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Henry Lee Lamon	FULL MAIDEN NAME	Edith E. Gilliland
RESIDENCE	Am. Falls	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	~~Ohio~~ Oaktown, Indiana	BIRTHPLACE	Indianola Iowa
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 00a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz M.D.

(Physician or midwife)

Address American Falls

Filed 1-2-1923 Mrs. R. A. Nott Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-126-039-241

PLACE OF BIRTH

RECEIVED DEC 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Swartworth

County of Power

City of Amer. Falls

CERTIFICATE OF BIRTH 106946

No. ..... St. Registration District No. 25 File No. 9

Hospital Bethany Primary Registration District No. 2072 Registered No. 464

FULL NAME OF CHILD Spencer Lawrence Baird Jr
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	July 26 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Spencer Lawrence Baird	FULL MAIDEN NAME	Neva Rosalie Swartworth
RESIDENCE	Am. Falls	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kan Dodge City	BIRTHPLACE	Mich Marshall
OCCUPATION	Lawyer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 30 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address American Falls. Ida.

Filed 11-21 1922 Mrs. R. F. Noth
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-108-039-

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BI[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

106947

DEC 8 19[illegible]

CERTIFICATE OF BIRTH

County of Power

City of Am [illegible]

Registration District No. 25 File No. 9

No.

Primary Registration District No. 2072 Registered No. 463

Hospital

FULL NAME OF CHILD Beetle Charles Blackmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	5 - 8 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo Blackmer	FULL MAIDEN NAME	Edith Blackmer
RESIDENCE	Am Falls Idaho	RESIDENCE	Am Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Dayton Wash-	BIRTHPLACE	Alberta Canada
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:00 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. [illegible] M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Dec 1922 Mrs R. F. [illegible] Registrar

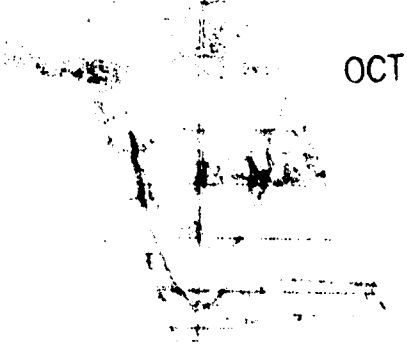
MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 1 2 1971



DECEASED

195-2 04039-312

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED DEC 8 1922

CERTIFICATE OF BIRTH

106948

County of Power

City of [illegible]

Registration District No. 25 File No. 9

No. ..... St.

Primary Registration District No. 2072 Registered No. 462

Hospital .....

FULL NAME OF CHILD Gern Arnold

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Mch 4 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ben Arnold	FULL MAIDEN NAME	Blanche Case
RESIDENCE	American Falls Ida	RESIDENCE	American Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at [illegible] M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. [illegible]

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Amer. Falls, Ida

Filed 11-21 1922 Mrs. R. F. Nott Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] felt [illegible]

[illegible]

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
City American Falls
St. Idaho
County Power
Father Ben Arnold

File No. 106948
Date of Birth March-4-1922
Sex of Child Female
Mother Blanche Arnold

I HEREBY CERTIFY that the child herein has been named:

Fern Arnold

Mrs Blanche Arnold

Signature of Father or Mother.

FEB 2 2 1943

238-219-039-552

Form V. S. No. 11-C—25m-7-21-19

106949

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Power

City of Amer Falls

Registration District No. 25 File No. 9

No. ..... St.

Hospital Bethanie

Primary Registration District No. 2072 Registered No. 461

FULL NAME OF CHILD Ruth, Mathilde, Schmidt.

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Feby 19 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	David J. Schmidt	FULL MAIDEN NAME	Mary Ensz
RESIDENCE	on W. P. Lunds Ranch American Falls R.F.D.	RESIDENCE	on W. P. Lunds Ranch American Falls R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years) May 4, 1922	AGE AT LAST BIRTHDAY	35 (Years) Oct 14, 1921
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	House keeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schulz M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Amer. Falls. Ida

Filed 11-21 1922 Mrs. R. F. Noth Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-210-040-215

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. 135 King

Hospital

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

[redacted] OF IDAHO
D[redacted] PUBLIC WELFARE
[redacted]TAL STATISTICS

CERTIFICATE OF BIRTH 106952

Registration District No. 70 File No.

Primary Registration District No. 104 Registered No. 77

FULL NAME OF CHILD Margaret Helen Gillies
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	Feb 10 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wm Gillies	FULL MAIDEN NAME	Christina Sanderson
RESIDENCE	135 King Wallace	RESIDENCE	135 King Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Laundrymon	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Cornalive (Born alive or stillborn), at 1:25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed July 1 1922 F L [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO

DEPARTMENT OF [illegible]

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth { City Wallace

St. 135 King St.

County Shoshone

Father Wm. Gillies

File No. 106952

Date of Birth 10th Feb 1922

Sex of Child Female

Mother Christina Gillies

I HEREBY CERTIFY that the child herein has been named:

Margaret Helen Gillies

Christina Gillies

Signature of Father or Mother.

MAY 8 1945

632-124-040-843

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106953

County of Sho Shone

City of Mullan

No. ..... St. ..... Registration District No. 70 File No. .....

Hospital ..... Primary Registration District No. 1011 Registered No. 78

FULL NAME OF CHILD Delmer Gabriel Olson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	June 24 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Gabriel Olson	FULL MAIDEN NAME	Violet Hultner
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Wallace
OCCUPATION	prospector	OCCUPATION	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed July 1 1922 F L Tinsley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/16/41 L. B.

OCT 18 1944

125-120-040-965

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

County of Shoshone

City of Wallace

No. 121 King St.

CERTIFICATE OF BIRTH

106954

Registration District No. 70 File No.

Hospital Primary Registration District No. 1011 Registered No. 79

FULL NAME OF CHILD Percy Clement Abney
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	June 20 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clarence Nat Abney	FULL MAIDEN NAME	Myrtle Roning
RESIDENCE	Gem	RESIDENCE	Gem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wyoming	BIRTHPLACE	B.C.
OCCUPATION	Crusherman	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:15 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed July 1 1922 J. L. Tenney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1942

394-217-240-295

PLACE OF BIRTH

AMENDED 7-15-47

County of Shoshone

City of Black Bear

No. ____ St. ____ Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 106955

Primary Registration District No. 1011 Registered No. 80

FULL NAME OF CHILD Opal Marie Truitt

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	June 17, 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Norman M. Truitt	FULL MAIDEN NAME	Mary King
RESIDENCE	Black Bear, Idaho	RESIDENCE	Black Bear, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dettman
Burke, Idaho
(Physician or midwife)

Address ____

Give names added from a supplemental report.

____, 192____

____
Registrar.

Filed July 1, 1922 F. L. Fenley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended July 15, 1947.
See adoption record under Truitt

601-A—MARRIAGE LICENSE AND CERTIFICATE RBR Printed and for sale by Syms-York Company, Boise

Marriage License

JUL 16 19

STATE OF IDAHO,
County of Nez Perce } ss.

KNOW ALL MEN BY THIS CERTIFICATE, That any regularly ordained minister of the Gospel, authorized by the rites and usages of the church or denomination of Christians, Hebrews, or religious body of which he may be a member, or any Judge or Justice of the Peace, or competent officer to whom this may come, he not knowing of any lawful impediment thereto, is hereby authorized and empowered to solemnize the rites of matrimony between NORMAN M. TRUITT of Cottonwood of the County of Idaho of the State of Idaho and MARY V. GRIMM of Southwick of the County of Nez Perce of the State of Idaho, and to certify the same to said parties, or either of them, under his hand and seal, in his ministerial or official capacity and thereupon he is required to return this certificate in form following, as hereto annexed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said County, at Lewiston, Idaho, this 14th day of April, A.D. 19 20.

R. L. Thompson
Recorder.

By A. M. Pearson
Deputy.

Marriage Certificate

I, I. C. Hattabaugh a Justice of the Peace residing at Lewiston in the County of Nez Perce in the State of Idaho, do certify that in accordance with the authority on me conferred by the above license, I did on this 14" day of April, in the year A.D. 19 20, at Lewiston, in the County of Nez Perce, in the State of Idaho, solemnize the rites of matrimony between Norman M. Truitt of Cottonwood in the County of Idaho of the State of Idaho and Mary V. Grimm of Southwick in the County of Nez Perce of the State of Idaho in the presence of Russell Truitt and Mrs. Lou Beevers

WITNESS My hand and seal at the County aforesaid, this 14th day of April A.D. 19 20.

In the Presence of

Russell Truitt

Mrs. Lou Beevers

I. C. Hattabaugh (SEAL)
(SIGN THIS IN OFFICIAL CAPACITY)

Justice of the Peace

CERTIFICATE

STATE OF IDAHO,
County of Nez Perce } ss.

I, PHILIP WEISGERBER, Ex-Officio Recorder in and for Nez Perce County, State of Idaho, do hereby certify that the foregoing is a full and correct copy of certain Marriage License and Certificate for Norman M. Truitt and Mary V. Grimm as the same appears on record in Book No. 6 of Marriage Licenses and Certificates at Page 360 Records of Nez Perce County, State of Idaho.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal this 7th day of July, 19 47.

Philip Weisgerber
Ex-Officio Recorder.

By _____, Deputy.

No. 88595

MARRIAGE LICENSE AND CERTIFICATE

NORMAN M. TRUITT
Of Cottonwood, Idaho
AND
MARY V. GRIMM
Of Southwick, Idaho

I. C. Hattabaugh
Officiating.

Dated _____, 19

STATE OF IDAHO
County of Nez Perce } ss.

I hereby certify that this instrument was filed for record at request of I. C. Hattabaugh at 3:30 minutes past o'clock P.M. this 5th day of May A.D. 1920, in my office, and duly recorded in Marriage License Record Book No. 6 at page 360

R. L. Thompson
Ex-Officio Recorder.

By A. M. Pearson Deputy.

Fees, $ 3.00

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 173115

243102-040-269

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. Mayer Gulch St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10

File No. 106956

Primary Registration District No. 104

Registered No. 81

FULL NAME OF CHILD Raymond Henry Butterfield
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	July 2 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Wm H Butterfield	FULL MAIDEN NAME	Rosa Lavierenga
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ill	BIRTHPLACE	Mont
OCCUPATION	Butcher	OCCUPATION	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Braw

(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Aug 1 1923 F L Dunn

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-21-040-281

PLACE OF BIRTH

RECEIVED
NOV 27 1922
BUREAU OF VITAL

STATE OF [redacted]
BUREAU OF VITAL
CERTIFICATE [redacted]

County of Shoshone

City of Wallace

Registration District No. 70

File No. [redacted]

No. ____ St.

Primary Registration District No. 1011

Registered No. 82

Hospital Wallace

FULL NAME OF CHILD Sheila Marie DONAHOE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female				July 11 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Dennis Gregory DONAHOE	FULL MAIDEN NAME Hazel Catherine Sharp
RESIDENCE 10 High St. Wallace, Ida.	RESIDENCE 10 High St. Wallace, Ida
COLOR White	AGE AT LAST BIRTHDAY 42 (Years)
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Wyoming	BIRTHPLACE Butte Mont.
OCCUPATION Mining Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at ____ M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed Aug 1 1923

[signature] Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 106957

Date Filed SEP 26 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Sheila Marie Donahue (Name on Original Certificate) who was born (Was Born or Died) on July 11, 1922 (Date of Event) in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Donahoe Surname	Donahue	Donahoe
Sheila Marie Name		Sheila Marie

Subscribed and sworn to before me this 9th day of September, 1942

Harold A. Wagner

Notary Public, residing at Spokane, Wash

My commission expires June 25, 1943
(Seal)

Signed Mrs Hazel Donahoe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. } ss.
County of Shoshone }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of September, 1942.

Notary Public, residing at Wallace, Idaho.

My commission expires Jan 18th, 1944.
(Seal)

Signed Walt. Smith M.D.
(Signature of Any Credible Person Other Than Previous Year)

W. J. Shell
(Street Address, City, State)

JAN 25 1963

SEP 30 1942

235-112 040-583

NOV 27 1922

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 106958

No. ..... St.

Primary Registration District No. 1011

Registered No. 83

Hospital Wallace

FULL NAME OF CHILD Vernon Stevens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 17 1922 12.30 a.m. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Stevens	FULL MAIDEN NAME	Annie Nylund
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	Housewife.

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Aug 1 1922 F L [signature] Registrar

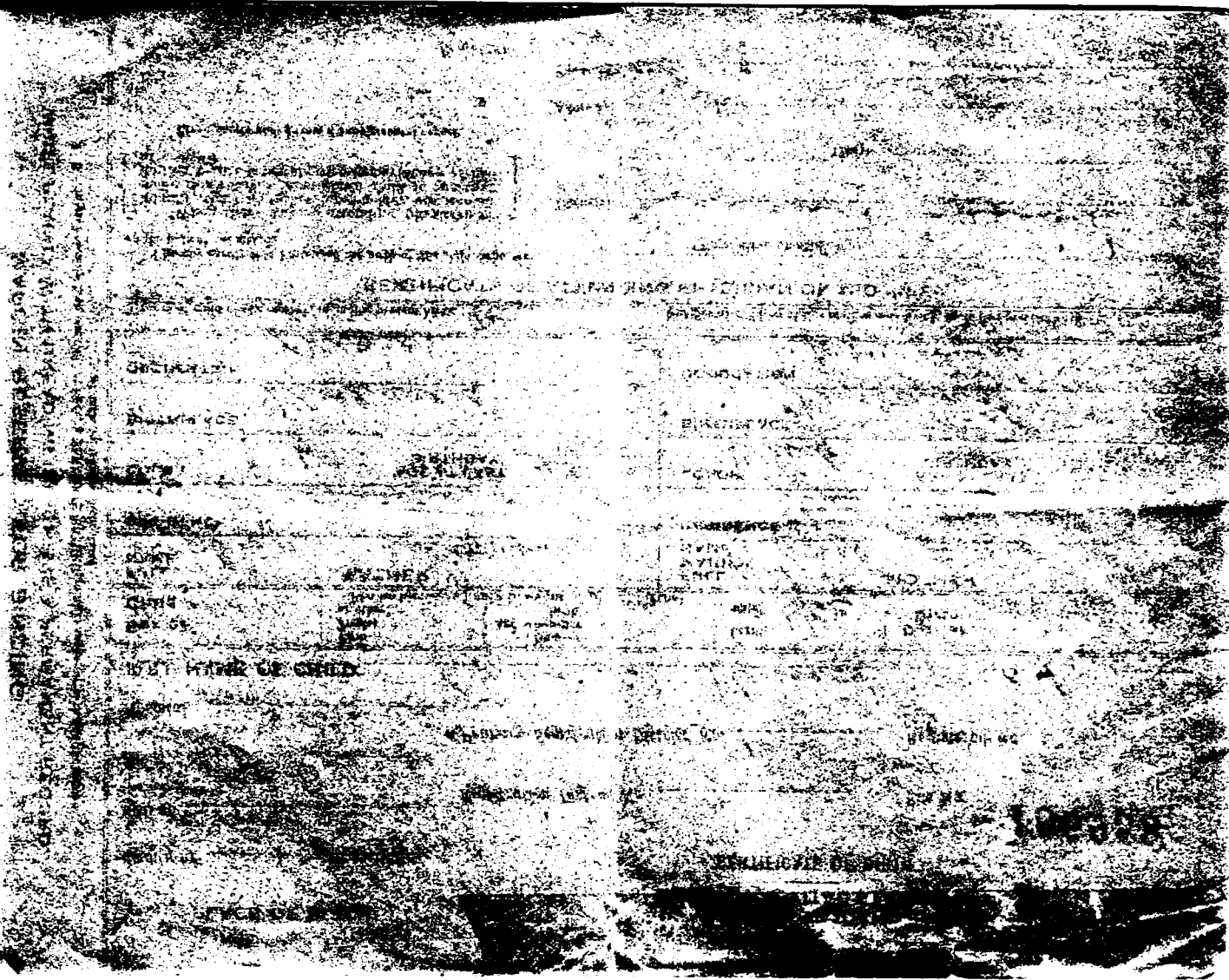
..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



667-113-040-265

PLACE OF BIRTH

RECEIVED
NOV 6 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 106959

No. ____ St.

Primary Registration District No. 1011

Registered No. 84

Hospital Wallace

FULL NAME OF CHILD Laurence Maynard Fogelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	July 13 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Elmer Martin Fogelson	FULL MAIDEN NAME Lydia Boekel
RESIDENCE Black Bear Ida.	RESIDENCE Black Bear Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Nebraska
OCCUPATION Diamond Driller	OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

____ 19____

____ Registrar

Address ____

Filed Nov 1 19 22 [signature] Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Document Scanning Sheet

432-213'040-295

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St. Registration District No. 10 File No. 106960

Hospital Providence Primary Registration District No. 1011 Registered No. 85

FULL NAME OF CHILD Peggy Mae McKinney
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	one		1st	Yes	Jul 13 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lloyd McKinney	FULL MAIDEN NAME	Bonnie Kinney
RESIDENCE	Missoula Mont.	RESIDENCE	Missoula Mont.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Canada	BIRTHPLACE	Montana
OCCUPATION	Laborer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:05 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Wallace Ida.

Filed Aug. 1 192 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864/16 040-731

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ____ St. ____

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106961

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

Registration District No. 70 File No. ____

Primary Registration District No. 1011 Registered No. 86

FULL NAME OF CHILD Robert James Hodgins
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	No	and	Yes	Dec 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

	FATHER	MOTHER
FULL NAME	James A. Hodgins	Mary Clark
RESIDENCE	Kellogg Ida	Kellogg Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	39	37
BIRTHPLACE	Wisconsin	No Dakota
OCCUPATION	Miner	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Mrs Mowery

Physicians
(Physician or midwife)

Address Wallace Ida

Filed Dec 1 1922 J. L. Jenkins
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459-220-040-624

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

County of Shoshone

CERTIFICATE OF BIRTH

City of Burke

Registration District No. 70 File No. 100962

No. ..... St.

Primary Registration District No. 1011 Registered No. 87

Hospital .....

FULL NAME OF CHILD Margareth Anna Merlino

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	One	One	Y	July 20 1922

FATHER		MOTHER	
FULL NAME	Nick Merlino	FULL MAIDEN NAME	Margareth Osmond
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Italy	BIRTHPLACE	Burke Ida
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dittman
Burke Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Nov 4 1 19 22 F L Gerdy
Registrar

MA[illegible] RESERVED FOR BINDING.

WRITE PLAINLY WITH [illegible]FADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1949

261-120-040-693

PLACE OF BIRTH

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106963

County of Shoshone

City of Wallace

No. ..... St. Registration District No. 70 File No. .....

Hospital Providence Primary Registration District No. 104 Registered No. 88

FULL NAME OF CHILD Eugene Swanson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin		2nd	Yes	July 20 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chas H Swanson	FULL MAIDEN NAME	Signa Wickstrom
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Horsman	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address .....

Filed Aug 1 1922 F L [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

261-220-040-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St. ..... Registration District No. 70 File No. 106964

Hospital Providence Primary Registration District No. 1011 Registered No. 89

FULL NAME OF CHILD Helen Swanson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
7	Twin	1st	Yes	7/20 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chas H Swanson	FULL MAIDEN NAME	Signa Wickstrom
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Horseman	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Aug 1 1922 F L Fenton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

229-040-625

[redacted]

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Woodland Park

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 106965

Primary Registration District No. 1011 Registered No. 90

FULL NAME OF CHILD Mary Theresa Duff

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 29 1922

FATHER		MOTHER	
FULL NAME	Edward Joseph Duff	FULL MAIDEN NAME	Mary Theresa O'Keefe
RESIDENCE	Woodland Park	RESIDENCE	Woodland Park
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	New Foundland	BIRTHPLACE	New Foundland
OCCUPATION	Mine Manager	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard C. Thomas M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Aug 10 1922 F. L. [illegible]

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

CERTIFICATE OF BIRTH

662-130-040-559

PLACE OF BIRTH

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Registration District No. 70

File No. 106966

Hospital Providence

Primary Registration District No. 1011

Registered No. 91

FULL NAME OF CHILD John Marcus Foss

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	July 30 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	George Foss	FULL MAIDEN NAME	Grace Neild
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Kansas
OCCUPATION	Miner	OCCUPATION	Hse.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:15 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. Lundy M.D.

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Aug 8 1923 F L Lundy

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF
DEPARTMENT OF PUBL

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: City Wallace — File No. 106966

St. Providence Hospital — Date of Birth July 30

County Shoshone — Sex of Child Male

Father Chas H Foss — Mother Grace E. Foss

I HEREBY CERTIFY that the child herein has been named:

John Marcus Foss

Grace E. Foss

Signature of Father or Mother.

92

SEP 20 1963

JUN 2 1942

JAN 4 1944

314-131-040-397

PLACE OF BIRTH

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. Maple St.

Registration District No. 70 File No. 106967

Hospital

Primary Registration District No. 1011 Registered No. 9

FULL NAME OF CHILD Walter Ray Lamphere
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	N		[illegible]	Yes	July 31 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Byron Lamphere	FULL MAIDEN NAME	Nicoletta Lipka
RESIDENCE	Mullan Ida	RESIDENCE	[redacted] Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Chewelah, Wn	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery
Physicians
(Physician or midwife)

Address Wallace Ida.

Give names added from a supplemental report.

....., 19....

Registrar.

Filed Nov 10 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City _____ File No. 106967

(St. _____ Date of Birth _____

(County _____ Sex of Child Male

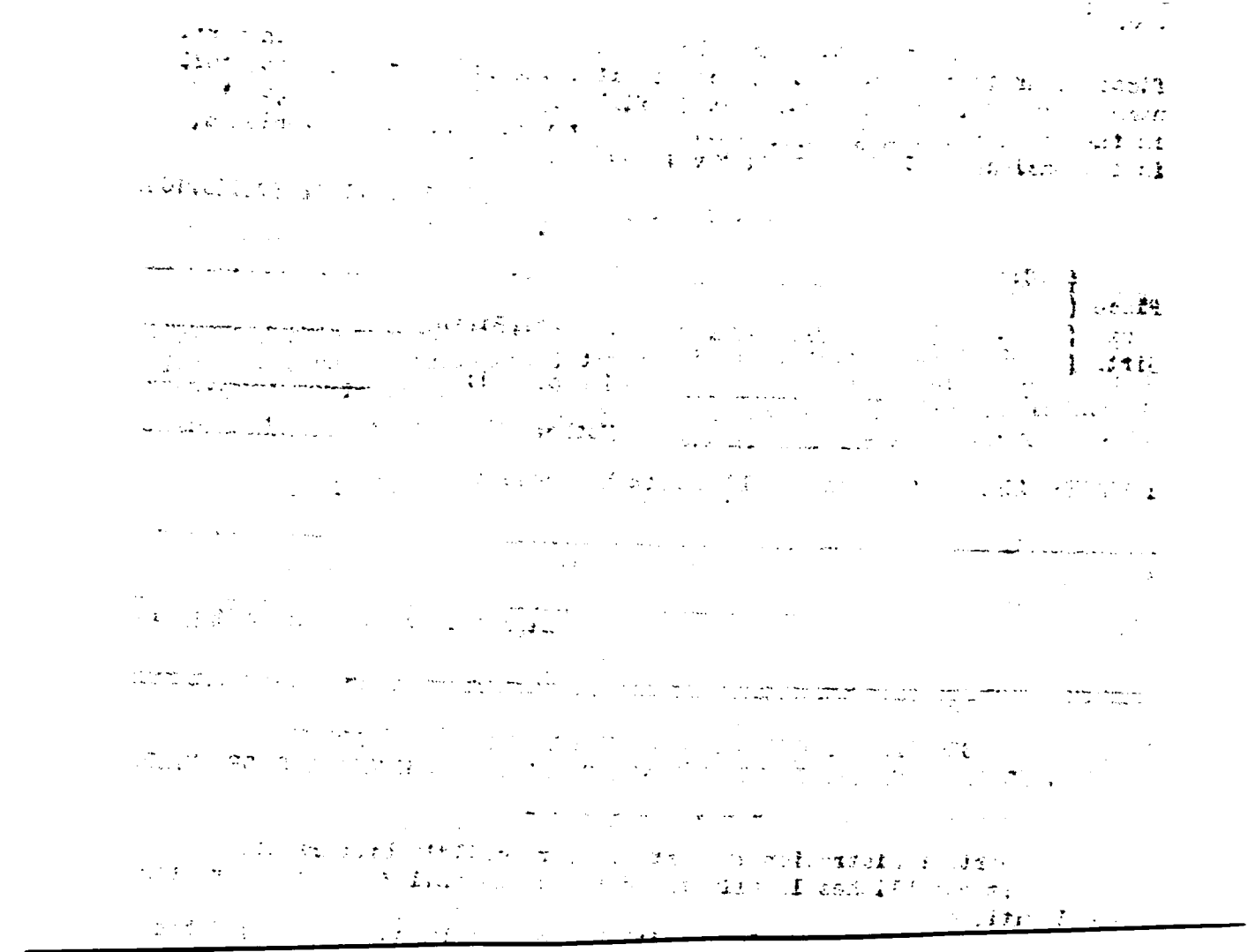
Father _____ Mother _____

I HEREBY CERTIFY that the child herein has been named:

_____

_____

Signature of Father or Mother.



152-228-040-281

PLACE OF BIRTH

County of Shoshone

City of Gem

No. — St.

Hospital —

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106968

Registration District No. 10 File No.

Primary Registration District No. 1011 Registered No. 7

FULL NAME OF CHILD

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	2nd	Yes	Aug 28 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jack Eddy	FULL MAIDEN NAME	Matilda Sharpe
RESIDENCE	Gem Ida	RESIDENCE	Gem Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Spokane Wn	BIRTHPLACE	Rossland B.C.
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 29 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians

(Physician or midwife)

Address Wallace Ida

Give names added from a supplemental report.

....., 19....

Registrar.

Filed Sept. 1922 F L [illegible]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

499-204-040-413

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. 1110 Canyon

Hospital

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

Registration District No. 70 File No. 106969

Primary Registration District No. 1011 Registered No. 924

FULL NAME OF CHILD Lena F. Dire
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	2nd	Yes	Aug 4 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Jno Dire	FULL MAIDEN NAME	Josephine Malco
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Shoemaker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dismowery
Physicians
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida

....., 19....

Filed Aug 10 1922 F L Tunis
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-113-040-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

Form V, S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

106970

County of Shoshone

City of Wallace

Registration District No. 70 File No.

No. ....., ... St.

Hospital Wallace Primary Registration District No. 1011 Registered No. 95

FULL NAME OF CHILD Charles David ~~David Charles~~ Hodge

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	Aug (Month) 13 (Day) 1922 (Year) 11:25 P.M.

FATHER		MOTHER	
FULL NAME	Charles Leo Hodge	FULL MAIDEN NAME	Nettie May McCabe
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Candy Maker	OCCUPATION	House wife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D.
(Physician or Midwife)

Given names added from a supplemental report

....., 19..... Address .....

Aug 20 1922 F L [signature]

Registrar Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

433-213-040-295

PLACE OF BIRTH

County of Shoshone

City of Tamarack

No. ..... St.

Hospital —

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106971

Registration District No. 70 File No. .....

Primary Registration District No. 1011 Registered No. 96

FULL NAME OF CHILD Catherine McCallum
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One		3rd	Yes	Aug 13 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Donald McCallum	FULL MAIDEN NAME	Lily King
RESIDENCE	Tamarack Mine	RESIDENCE	Tamarack Mine
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ontario Canada	BIRTHPLACE	England
OCCUPATION	Miner	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery
Physicians
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Wallace Ida

Filed Aug 20 1922 F. L. Tinney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

39/-219-040-215

PLACE OF BIRTH

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106972

County of Shoshone

City of Wallace

No. ____ St.

Registration District No. 70

File No. ____

Hospital Providence

Primary Registration District No. 1011

Registered No. 97

FULL NAME OF CHILD Laura Jean Craig

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	8/19/27

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chas H Craig	FULL MAIDEN NAME	Ruth Sanderson
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Indiana
OCCUPATION	Attorney	OCCUPATION	Hsw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James K Brand

(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Aug 30 1927

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1969

[redacted] NOV 1 ION

719-120-040-630

PLACE OF BIRTH

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106973

County of Shoshone

City of Mullan

No. ..... St.

Registration District No. 70 File No. .....

Hospital .....

Primary Registration District No. 1011 Registered No. 98

FULL NAME OF CHILD Ignazio Garitono
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	8/20 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Garitono	FULL MAIDEN NAME	Mary Florio
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Millman	OCCUPATION	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:30 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed Aug 30 1922 F. L. [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

162-223-040-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

County of Shoshone

City of Wallace

Registration District No. 70

File No. 106974

No. ..... St.

Primary Registration District No. 1011

Registered No. 99

Hospital Providence

FULL NAME OF CHILD Dorothy Josephine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 23rd 1922

FATHER		MOTHER	
FULL NAME	Clemens Joseph Spickerman	FULL MAIDEN NAME	Dot Dorothy Cooper
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Drossmood Mich	BIRTHPLACE	Galena Kansas
OCCUPATION	R R Fireman	OCCUPATION	House Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Aug 23rd at 12:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Stone M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wallace Idaho

Filed Aug 30 1922 F. L. [illegible]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-22-3:040-253

PLACE OF BIRTH

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 106975

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

Registration District No. 70

File No. ....

Primary Registration District No. 1011

Registered No. 100

FULL NAME OF CHILD Leona Margaret Larson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	8/23/1922

What bacterieidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Iwan A Larson	FULL MAIDEN NAME	Clara Beck
RESIDENCE	Black Cloud	RESIDENCE	Black Cloud
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Butcher	OCCUPATION	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Brann
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Nov 30 1922 F L Sunday Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 1942

736-225-040-964

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

Registration District No. 70 File No. 106976

Primary Registration District No. 100 Registered No. 101

FULL NAME OF CHILD Irene Glahe
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	2nd	Yes	Aug 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John W. Glahe	FULL MAIDEN NAME	Susanna Romanchiak
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ft Madison Iowa	BIRTHPLACE	Austro-Hungary
OCCUPATION	Accountant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:00 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida

....., 19....

Filed Aug 30 1922 F L Fenning
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769-127-040-957

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

County of Shoshone

City of _____ Registration District No. 70 File No. 106977

No. _____ St.

Primary Registration District No. 1011 Registered No. 102

Hospital Providence

FULL NAME OF CHILD Thomas Gordon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 27th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Joseph Murphy	FULL MAIDEN NAME	Mable Gordon Ingersoll
RESIDENCE	Wallace	RESIDENCE	
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Denver
OCCUPATION	Merchant	OCCUPATION	H. W.

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug 27th Born alive at 11 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stone M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address _____

_____ 19__ Aug 30 1922 F. L. Gordon

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-227-040-264

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

County of Shoshone

City of Mullan

No. ..... St. Registration District No. 70 File No. .....

Hospital ..... Primary Registration District No. 10 11 Registered No. 103

CERTIFICATE OF BIRTH

106978

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	8/27 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Joe Garitono	FULL MAIDEN NAME	Mary Sodi
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Hw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10-30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed Aug 30 1922 F L Tuntey Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-228-0 40-255

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106979

Registration District No. 70 File No. .....

Primary Registration District No. 104 Registered No. 104

FULL NAME OF CHILD MARION LOUISE WALDEN
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	1st	Yes	Aug 28 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Fred Walden	FULL MAIDEN NAME	Edna Keegan
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Maryland
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 8 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery
Physicians
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida.

Filed Aug 30 1922 F L Simon
Registrar

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Shoshone } ss.

Certificate No. 106976

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on August 28th, 1922 (Date of Event)
in Wallace (Place of Event) Ida are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on August 28th, 1922 (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Marion Louise Walden

Subscribed and sworn to before me this 11th
day of June, 1942

James Thomas B Kelly
Notary Public, residing at
PROBATE JUDGE, SHOSHONE COUNTY, IDAHO
My commission expires
(Seal)

Signed Fred J Walden
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 464 Wallace, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 13 1942

JUN 1 7 1915

JUL 16 1915

296-228-040-155

PLACE OF BIRTH

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

[redacted]

County of Shoshone

City of Wallace

No. ..... St.

Hospital Wallace

BUREAU OF [redacted]TICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 106980

Primary Registration District No. 1011 Registered No. 105

FULL NAME OF CHILD Phyllis Marie Pifer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Aug 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Philip C. Pifer	FULL MAIDEN NAME	Cornelia Jenkins
RESIDENCE	Tamarack Mine, Ida	RESIDENCE	Tamarack Mine Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Denver Col.	BIRTHPLACE	Missoula Mont
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:10 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Brown

(Physician or midwife)

Given names added from a supplemental report.

..... 19.... Address .....

Registrar Filed Aug 30 1922 F L [illegible] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV - 9 1965

315-203-040-396

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106982

County of Shoshone

City of Wallace

No. ..... St.

Registration District No. 70

File No. .....

Hospital Providence

Primary Registration District No. 1011

Registered No. 107

FULL NAME OF CHILD Prudence Jane Lane
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	6	Yes	Sept 3 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Thomas S. Lane	FULL MAIDEN NAME	Ethel Brown
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Mechanician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 a.m. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery
Physician
(Physician or midwife)

Address Wallace Ida

Give names added from a supplemental report.

....., 19....

Registrar.

Filed Sept 10 1922 F L Tenney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED JAN 19 1922

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { City Wallace

St. Ida.

County Shoshone

File No. 106982

Date of Birth Sept 3rd 23

Sex of Child Female

Father Jenn.

Mother Jenn

I HEREBY CERTIFY that the child herein has been named:

Prudence Jane Lane

Thos. W. Lane.

Signature of Father or Mother.

AUG 16 1944

NOV 8

599-105-040-261

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Registration District No. 70 File No. 106983

Hospital Providence Primary Registration District No. 1011 Registered No. 108

FULL NAME OF CHILD Robert Erickson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	9/5 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Erickson	FULL MAIDEN NAME	Agusta Swanson
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Sept 20 1922 F L [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-108-040-219

PLACE OF BIRTH

County of Shoshone

City of Mace

No. ..... St.

Hospital .....

RECEIVED NOV 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 106984

Primary Registration District No. 1011 Registered No. 109

FULL NAME OF CHILD Howard Hebert Shine
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One	2nd	Yes	Sept 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Arg Nyas

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John J. Shine	FULL MAIDEN NAME	Mildred Bailey
RESIDENCE	Mace Ida	RESIDENCE	Mace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mace Ida	BIRTHPLACE	[redacted]
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 34 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery
Physicians
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida

....., 19.....

Filed Sept 20 1922 F L Tuttle
Registrar

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified Copy issued Dec. 18, 1940. E.M.

SEP 24 1942

FEB 27 1957

236-120-040-251

PLACE OF BIRTH

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Shoshone

City of Black Bear

CERTIFICATE OF BIRTH

No. ..... St.

Registration District No. 70 File No. 106985

Hospital ——

Primary Registration District No. 1011 Registered No. 110

FULL NAME OF CHILD Edward Elmer Stone
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1		2	Yes	Sept 20 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Elmer Stone	FULL MAIDEN NAME	Esther Pearson
RESIDENCE	Black Bear, Ida	RESIDENCE	Black Bear, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Montana	BIRTHPLACE	Minnesota
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2:45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace, Ida

....., 19....

Registrar.

Sept 30 1922 F L Fenton
Registrar.

File

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1944

475-125-040-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. [illegible] St. Providence

Registration District No. 0

File No. 106986

Hospital Providence

Primary Registration District No. 1011

Registered No. 111

FULL NAME OF CHILD John Francis McNamee

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Only (and)	4th (To be answered only in event of plural births)	Yes	Sept 25 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Myron McNamee	FULL MAIDEN NAME Frances Clark
RESIDENCE	Burke Idg	RESIDENCE Burke Idg
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	47 (Years)	21 (Years)
BIRTHPLACE	Canada	BIRTHPLACE Butte, Mont.
OCCUPATION	Miner	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **at** 2.55 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Wallace Ida

Filed Sept 30 1922 F L Dunn

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]

[illegible] OF PUBLIC WELFARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFAR

Boise, Idaho 12/18/ 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { City Wallace

St. Idaho.

County Shoshone

File No. 106986

Date of Birth Sept 25th 1922

Sex of Child Male

Father Francis V. McNamee Mother Frances McNamee

I HEREBY CERTIFY that the child herein has been named:

John Francis McNamee

Francis V. McNamee. Frances McNamee

Signature of Father or Mother.

613-225-040-454

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 106987

Primary Registration District No. 1011 Registered No. 112

FULL NAME OF CHILD Betty Aileen Walters
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	5th	Yes	Sept 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Claude H Walters	FULL MAIDEN NAME	Sadie Denty
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Illinois
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S Mowery
Physician
(Physician or midwife)

Address Wallace Ida

Filed Sept 30 1922 F L Tuttle
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: City Wallace; St. Idaho; County Shoshone

File No. 106987

Date of Birth Sept. 25. 1922

Sex of Child Female

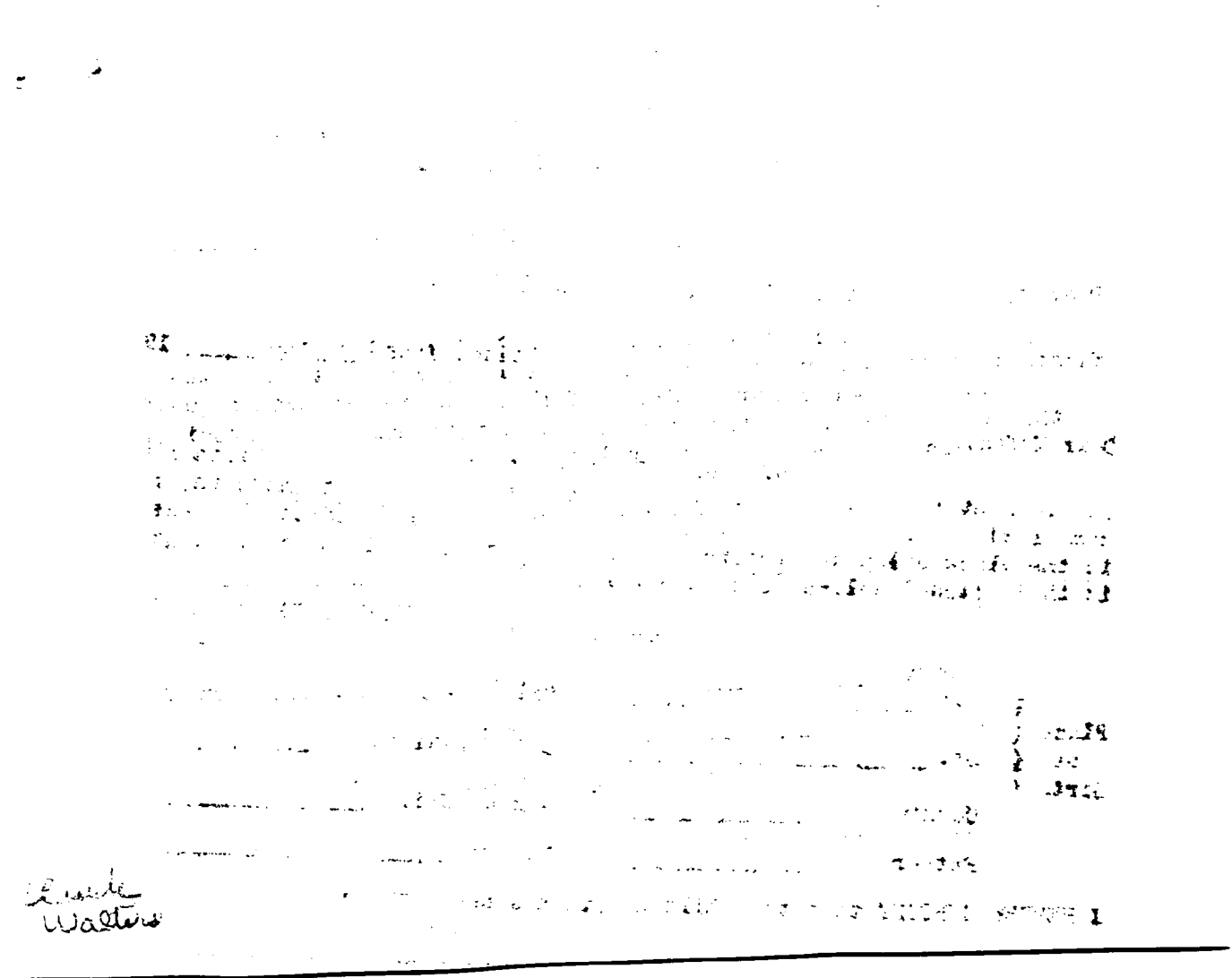
Father Mr. Claude Walters Mother Mrs. Sadie Walters

I HEREBY CERTIFY that the child herein has been named:

Betty Aileen Walters

Mrs Sadie Walters (or Mrs)

Signature of Father or Mother.


Emile
Walters

365-224-040-435

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Registration District No. 70 File No. 106988

Hospital Providence Primary Registration District No. 1011 Registered No. 113

FULL NAME OF CHILD Anita Jayne Conwell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
F	One		5th	Yes	Sept	24	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	J. B. Conwell	FULL MAIDEN NAME	Mary McNelis
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery
Physicians
(Physician or midwife)

Address Wallace Ida

Give names added from a supplemental report.

....., 19....

Registrar.

Filed Sept 30 1922 F L Tinker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 19[illegible]

JUL 31 19[illegible]

593-210-04 [redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

NOV 2 1922
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. Cedar & 1st St.

Hospital Wallace

Registration District No. 70

File No. 106989

Primary Registration District No. 1011

Registered No. 114

FULL NAME OF CHILD Florence Kathleen Nicholson

10:30 a.m.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Oct 10 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Perf Franklin Nicholson	FULL MAIDEN NAME	Kathleen Gertrude Durham
RESIDENCE	Burke Ida	RESIDENCE	Burke, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	England
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Oct 20 1922 F L [signature]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24
DEC 1
FEB 23 1976

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Registration District No. 70 File No. 106990

Hospital ..... Primary Registration District No. 1061 Registered No. 115

FULL NAME OF CHILD Sarah Virginia Melcena Kittrell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	one		2nd	yes	Oct 10 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Edgar Kittrell	FULL MAIDEN NAME	Cora Spedden
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Wash
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida

....., 19....

Filed Oct 20 1922 F L Tuttle
Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
City Wallace
St. 183 King St
County Shoshone

File No. 106990

Date of Birth Oct 10th 1922

Sex of Child Female

Father William Edgar R

Mother Cora Spedden R

I HEREBY CERTIFY that the child herein has been named:

Sarah Virginia Kittrell

W E Kittrell

Signature of Father or Mother.

314-115-040-619

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone
City of Wallace
No. ..... St.
Registration District No. 70
File No. 106991
Hospital Providence
Primary Registration District No. 1011
Registered No. 116

FULL NAME OF CHILD Walter Charles Laurie
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
M	One		1st	Yes	Oct	15	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Edmond Laurie	FULL MAIDEN NAME	Mary McFarland
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	15 (Years)
BIRTHPLACE	Cranbrook B.C. Canada	BIRTHPLACE	British Columbia
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery
Physicians
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida

....., 19.....

Filed Oct 20 1922 F L [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE.

STATE OF IDAHO.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { City Wallace

St. Canyon Ave.

County Shoshone

File No. 106991

Date of Birth Oct 15, 1922.

Sex of Child Male

Father E. B. Laurie

Mother Mrs E. B. Laurie.

I HEREBY CERTIFY that the child herein has been named:

Walter Charles Laurie

Mary Augusta Laurie.

Signature of Father or Mother.

RECEIVED 1922

cc 11-19-40 mp

791-216-040-458

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED NOV 2 1922 BUREAU OF VITAL STATISTICS

Registration District No. 70 File No. 106992

Primary Registration District No. 1011 Registered No. 117

FULL NAME OF CHILD Katherine Margret Giachetti
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	1st	Yes	Oct 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Domenic Giachetti	FULL MAIDEN NAME	Selma Meyer
RESIDENCE	Silver Mont.	RESIDENCE	Silver Montana
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Italy	BIRTHPLACE	Missouri
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery
Physicians
(Physician or midwife)

Address Wallace, Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Oct 30 1922 F L Tinney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-117-040-819

PLACE OF BIRTH

Child's name added 8-28-84 fc

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... Registration District No. 70 File No. 106993

Hospital — Primary Registration District No. 1611 Registered No. 118

NOV 2 1 1924 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD JOHN HANEY BRUNELLE
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
M.	One		4th	Yes	Oct	17	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Alvin Brunelle	FULL MAIDEN NAME	Marguerite Haney
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Montana
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida

..... 19....

Filed Oct 30 1922 F L [illegible]
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-6-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 28 8 30 AM '84

State of _____ } ss.
County of _____ }

Certificate No. 106993
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Brunell (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 17, 1922 (Date of Event)

in Wallace (Shoshone) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Brunell	John Haney Brunelle
fathers last name	Brunell	Brunelle

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

x John H. Brunelle
Signature of Applicant

x 16345 Dreve Ave, South Holland IL 60473
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois } ss.
County of Cook }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of August, 1984.

Notary Public, Cynthia J. Buzhold
Residing at 16178 So Park Ave
My commission expires May 25, 1984
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Baptism issued by St. Alphonsus Church of Wallace, Idaho shows the name of John Haney Brunelle as father of child, Alvin H. Brunelle and Marguerite Haney. Child born in Wallace, Idaho on October 17, 1922.
Viewed by V.S.

Military Record issued by U. S. Army of the U. S. certifies that John H. Brunelle was born on December 20, 1945, in Wallace, Idaho. Discharged issued October 1, 1945
Viewed by VS

Social Security Card issued December 14, 1936, gives name as John Haney Brunelle
518 30 004 Issued by S. S. Adm.
Viewed by V.S.

362-119-940-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 27 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St. Registration District No. 70 File No. 106994

Hospital Providence Primary Registration District No. 04 Registered No. 119

FULL NAME OF CHILD MELVIN ERIK Tokoy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One	1st	Yes	Oct 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Eric Tokoy	FULL MAIDEN NAME	Fannie Johnson
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	British Columbia	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 20 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Morvey
Physicians
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida.

....., 19.....

Filed Oct 30 1922 F L Gunn
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Shoshone } ss.

Certificate No. 106994

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ivor Crick Tokoy (Name on Original Certificate) who was born (Was Born or Died) on October 19,1922 (Date of Event)
in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by my own memory (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ivor Crick Tokoy	Melvin Erik Tokoy

Subscribed and sworn to before me this 31st
day of March, 19 42
Chas E Horning
Notary Public, residing at Wallace, Idaho
My commission expires Nov.30,1945
(Seal)

Signed Fanny Curtis (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
116 Railroad Ave., Kellogg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Shoshone } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of March, 19 42
Chas E Horning
Notary Public, residing at Wallace, Idaho
My commission expires Nov.30,1945
(Seal)

Signed Harold W. Burgess
(Signature of Any Credible Person Other Than Previous Year)
116 Railroad Ave., Kellogg, Idaho
(Street Address, City, State)

456-118-040-315

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 106995

Primary Registration District No. 104 Registered No. 120

FULL NAME OF CHILD Amos Edward Dewey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One		2nd	Yes	Oct 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edward W. Dewey	FULL MAIDEN NAME	Anna Fana
RESIDENCE	Burke Ida.	RESIDENCE	Burke Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 07 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Sarowery
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida.

....., 19....

Registrar.

Filed Oct 30 1922 F L Tessier
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 4 1976

249-121-040-434

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

RECEIVED NOV 27 BUREAU OF ... STATISTICS

BUREAU OF ... STATISTICS

County of Shoshone

City of Wallace

Registration District No. 70

File No. 106996

No. Cedar St.

Primary Registration District No. 1011

Registered No. 121

Hospital Wallace

FULL NAME OF CHILD Donald Francis Smith 12:20 a.m.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male				Yes	10 (Month) - 21 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leonard Francis Smith	FULL MAIDEN NAME	Kathleen Evangeline McDonald
RESIDENCE	Burke, Ida	RESIDENCE	Burke, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Plains, Montana	BIRTHPLACE	Eddy, Montana
OCCUPATION	Mining	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Oct 30 1922 [signature]

Registrar

S-Y CO. 24635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 22 1961

MAR 21 1957

553-224-040-356

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone
City of Wallace
No. ..... St.
Hospital Providence
Primary Registration District No. 1011
Registered No. 122
File No. 106997

FULL NAME OF CHILD Mary Sylvia Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe	One	1st	Yes	Oct 24 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Dry grades

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edward Nelson	FULL MAIDEN NAME	Julia Leonard
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Finland	BIRTHPLACE	Ohio
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery
Physicians
(Physician or midwife)

Address Wallace Ida.

Filed Oct 30 1922 F L Tinsley
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF LAND MEMBERS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
DEC 28 1922
BUREAU OF VITAL
STATISTICS

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Wallace Idaho File No. 106997

(St. Providence Hospital Date of Birth Oct 24

(County Shoshone Sex of Child Female

Father Edward Nelson Mother Julia Leonard

I HEREBY CERTIFY that the child herein has been named:

Sylvia Nelson.

Edward Nelson

Signature of Father or Mother.

1/29/41 L.B.

813 225 0 [redacted]

PLACE OF BI[redacted]

Form V. S. No. 11-C—Mar-1-1-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. Cedar St.

Hospital Wallace

Registration District No. 70

File No. 106998

Primary Registration District No. 10 11

Registered No. 123

FULL NAME OF CHILD Jean Carol Halvorsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Oct 26 1922 (Month) (Day) (Year) 3 a.m.

FATHER		MOTHER	
FULL NAME	Stephen Hiram Halvorsen	FULL MAIDEN NAME	Mary Leona Evans
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Norway	BIRTHPLACE	Julietta Ida
OCCUPATION	Mining	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address .....

Oct 30 1922 F L [illegible]

Registrar

Filed ..... 19 .....

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth [illegible]

993-209-041-442

PLACE OF BIRTH

STATE OF I[redacted] DEPARTMENT OF PU[redacted]ARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Tetonia

No. ..... St.

Registration District No. 77 File No. 106999

Hospital ..... Primary Registration District No. 3174 Registered No. 113

FULL NAME OF CHILD Teresa Richards

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 9 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Albert Victor Richards	FULL MAIDEN NAME	Hazel Merkle
RESIDENCE	Tetonia Idy	RESIDENCE	Tetonia, Idy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **at** 6 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Magee

Physician

(Physician or midwife)

Address Driggs, Idy

Give names added from a supplemental report.

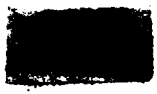
....., 19.....

..... Registrar.

Filed Nov 29 1922 Martha Marker Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



655-216-041-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 5 19[illegible]
BUR[illegible]

CERTIFICATE OF BIRTH

County of Teton

City of Victor

No. ..... St.

Registration District No. 77 File No. 107000

Hospital ..... Primary Registration District No. 2176 Registered No. 114

FULL NAME OF CHILD Irene Clair Weekes
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov 16 1922

What bactericidal solution was used in eyes? 2 D Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Francis Ezra Weekes	FULL MAIDEN NAME	Jane Thompson
RESIDENCE	Victor Ida	RESIDENCE	Victor Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Driggs, Ida

Filed 11/29/ 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 26 11 28 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107000

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Weekes (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov 16, 1922 (Date of Event)
in Victor, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Irene Clair Weekes

Subscribed and sworn to before me this 10th day of March, 1977.

Gloria J. Livingston
Notary Public, residing at Bell. Ida.
My commission expires 6/16/79
(Seal)

Signed Francis Cora Weekes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

345 N. Fisher Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Teton }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of June, 1977.

Dorothy C. Douglas
Notary Public, residing at Tetonia Idaho
My commission expires 9-20-79
(Seal)

Signed Melvin Lee Weeks
(Signature of Any Credible Person)

Tetonia, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 5/26/76 ret'd $9 ck.

Certif of Baptism from the LDS Church gives name as Irene Clair Weekes daughter of Francis E. Weekes and Jane Thompson. born Nov 16, 1922 at ~~Xixon~~ Victor, Idaho. Baptized Sept 5, 1931: viewed by V. S.

AUG 12 1977

Marriage license and certif from Idaho gives name as the ~~bix~~ bride as Irene Clair Weekes and the groom's name as Vilas Cur Bell. dated Oct 8, 1942. viewed by V. S.

799-208-041-759

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 5 192

CERTIFICATE OF BIRTH

107001

County of Teton

City of Tetonia

No. ..... St.

Registration District No. 77 File No. .....

Hospital ..... Primary Registration District No. 2176 Registered No. 115

FULL NAME OF CHILD Lois Bernela Priest

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Nov 8 1927

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edward S Priest	FULL MAIDEN NAME	Mary A Perry
RESIDENCE	Tetonia Ida	RESIDENCE	Tetonia Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Wyo.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas W Martin

Physician

(Physician or midwife)

Address Tetonia Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 11/29/1928 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
City Tetonia
St. Idaho
County Fremont

File No. 107001
Date of Birth Nov. 8th 1922.
Sex of Child Female

Father Edward S. Priest
Mother Mary A. Priest

I HEREBY CERTIFY that the child herein has been named:

Lois Berneta Priest

Mrs Edward S. Priest
Signature of Father or Mother.

RECEIVED
26 1922

DEC 7 1944

369-217-041-643

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107002

County of Teton

City of Driggs

No. ..... St.

Registration District No. 77 File No. .....

Hospital .....

Primary Registration District No. 2176 Registered No. 116

FULL NAME OF CHILD Gwendolyn ~~Cordon~~ CORDON
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Oct. 17 1922

What bactericidal solution was used in eyes? 10 % argent

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Voss C Cordon	FULL MAIDEN NAME	Lydia Emma Fulmer
RESIDENCE	Driggs Ida	RESIDENCE	Driggs
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Ranchman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson
Physician
(Physician or midwife)

Address Driggs Idaho

Filed 11/29/1922 Martha Marker
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1923 STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18

chep ID 1922-398286

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Driggs

(St. _____

(County Teton

File No. 107002

Date of Birth Oct. 17-1922

Sex of Child Female

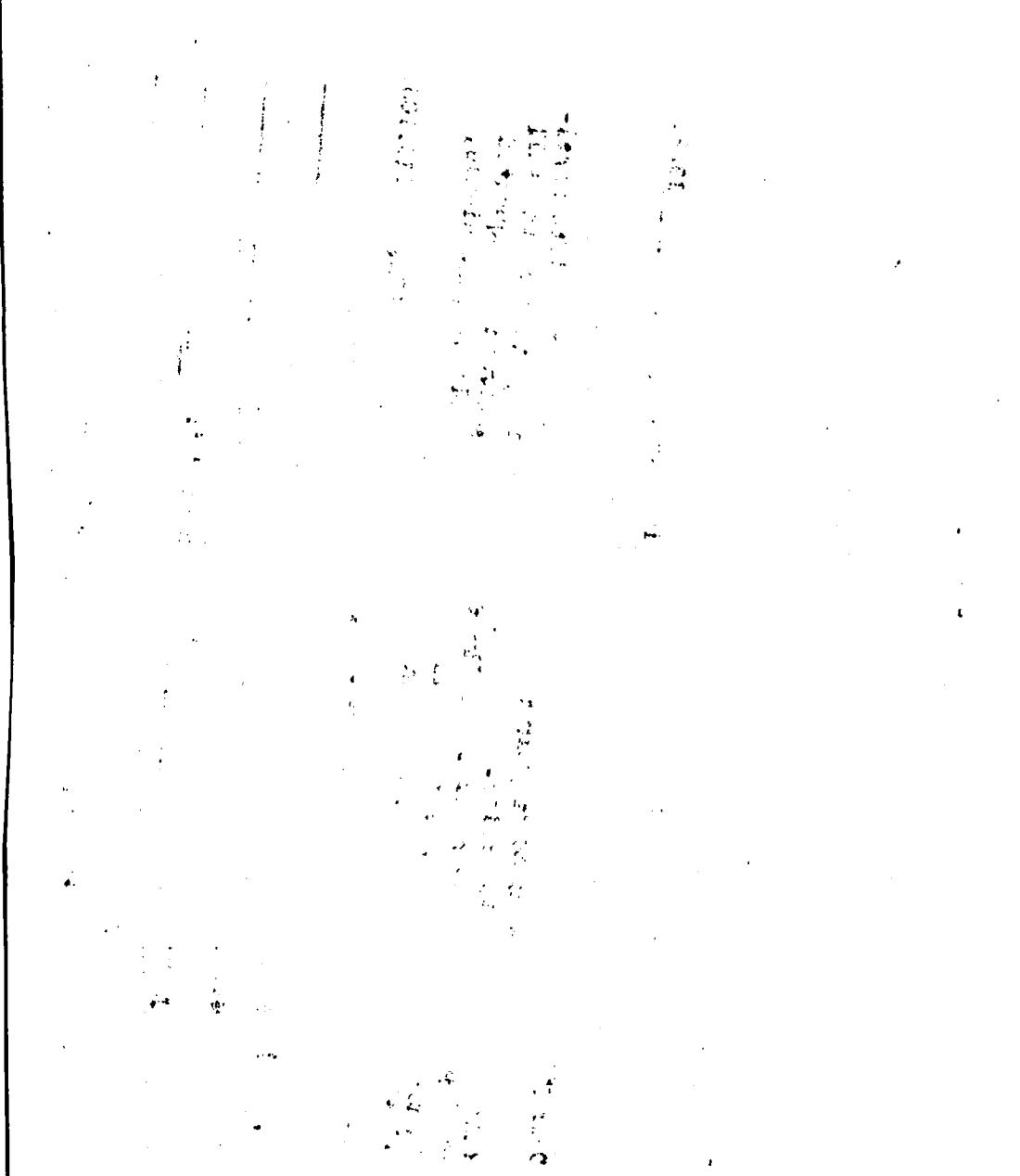
Father Vosa E. Gordon Mother L. Emma Gordon

I HEREBY CERTIFY that the child herein has been named:

Gwendolyn Gordon

Lydia Emma Gordon

Signature of Father or Mother.



DUP OF 1922 - 398286

753-218-041-363

PLACE OF BIRTH

RECEIVED
DEC 5 192
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fulton

City of Victor

No. ..... St.

Registration District No. 77

File No. 107003

Hospital ..... Primary Registration District No. 3176

Registered No. 117

FULL NAME OF CHILD Lucille Peterson.
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		yes	Oct. 18 192[illegible]

What bactericidal solution was used in eyes? 10% argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Christian Peterson	FULL MAIDEN NAME	Mary Tolley
RESIDENCE	Victor Ida	RESIDENCE	Victor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Section man R R	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) H. H. Cuthbertson

Physician
(Physician or midwife)

Address Driggs Idaho

Filed 11/29/ 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Victor

(St. _____

(County Teaton

File No. 107003

Date of Birth Oct 11, 1922

Sex of Child Female

Father Christan Peterson Mother Mary L Peterson

I HEREBY CERTIFY that the child herein has been named:

Lucille Peterson

Mary L. Peterson

Signature of Father or Mother.

319-212-041-165

Amended 7-18-63

(Be sure the information is complete and accurate)

State File No. 107004

Local Reg. No. 118

Reg. Dist. No. 77

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Teton

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Teton

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Thora b. (Middle): Dee c. (Last): Larsen

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) Oct. (Day) 12, (Year) 1922

FATHER OF CHILD

7. FULL NAME a. (First): James b. (Middle): E. c. (Last): Larsen

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Shelley, Idaho

11a. USUAL OCCUPATION: Ranchman

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Pearl b. (Middle): c. (Last): Jones

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Victor, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: H. H. Culbertson

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Driggs, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 11/29/1922

20. REGISTRAR'S SIGNATURE: Martha Marker

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREGNANCY WEEKS

22b. WEIGHT AT BIRTH LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Approximate date.....

Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol

Address correspondence to DIVISION OF VITAL STATISTICS, [illegible]

Form DPH-48001

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occ hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phy or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or ow the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, ir case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
JUL 17 1963
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107004

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Thora Dee Larsen (Name on Original Certificate) who was born (Was Born or Died) on Oct. 12, 1922 (Date of Event)
in Victor, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of Child	M.	Female
Father's Birthplace	Utah	Shelley, Idaho
Mother's Birthplace	Utah	Victor, Idaho

Subscribed and sworn to before me this 13th day of July, 1963

F C Gillette

Notary Public, residing at Victor, Idaho

My commission expires July 1, 1967

(Seal)

Signed Thora Dee Wood Larsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of July, 1963,

F C Gillette

Notary Public, residing at Victor, Idaho

My commission expires July 1, 1967

(Seal)

Signed Ada Jones
(Signature of Any Credible Person)

Victor, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 6-26-63. one copy pd.

Another Child's Birth Cert. on file: (Idaho Birth) #334093 gives full name of father as James Elmer Larsen, age 40, born in Shelley, Idaho and full maiden name of mother as Pearl Jones, age 41, born in Victor, Idaho - viewed by V.S.

Statement from Arvin L. Bellon, Bishop, L.D.S. Church, Roosevelt, Utah, statement written July 8, 1963 states "This is to certify that the Church Records on file in the Roosevelt Second Ward for Mrs. Pearl Maria Jones Larsen show that she was born April 19, 1900 in Victor, Bingham County, Idaho. Date of original record containing this information is Sept. 5, 1908 at time of baptism." - viewed by V.S.

Statement from Arvin L. Bellon, Bishop, L.D.S. Church Roosevelt, Utah, statement written July 8, 1963 states "This is to certify that the Church Records on file in the Roosevelt Second Ward for James Elmer Larsen show that he was born March 13, 1901 in Shelley, Idaho. Date of original record containing this information is June 26, 1909 at time of baptism." - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, April 1, 1962 gives full name as Vail Lee McBride, son of Charles Lester McBride and Thora Dee Larsen, born Feb. 2, 1954 at Driggs, Idaho

Own Child's Birth Cert. on file: (Idaho Birth) #54-2304 gives full maiden name of mother as Thora D. Larsen - viewed by V.S.

State of Utah, County of Cache, Marriage Certificate, married April 11, 1946 at Logan, Utah gives full name of groom as Charles Lester McBride and full name of bride as Thora Dee Larsen - viewed by V.S.

843-18'041-435

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107005

RECEIVED DEC 5 1922 BUREAU OF VITAL STATISTICS

County of Teton

City of Driggs

No. ..... St.

Registration District No. 77 File No. .....

Hospital ..... Primary Registration District No. 2176 Registered No. 119

FULL NAME OF CHILD Francis Reed Hulet
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Oct. (Day) 18 (Year) 1922
M		Yes	

What bactericidal solution was used in eyes? 10 % Argarol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Francis Edgar Hulet	FULL MAIDEN NAME	Ella McEwen
RESIDENCE	Driggs Idaho	RESIDENCE	Driggs
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Ranchman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson
Physician
(Physician or midwife)

Address Driggs Idaho

Filed 11/29/ 1922 Martha Marker
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEPARTMENT OF STATE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
DEC 28 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho 12/18 1922.

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Driggs File No. 107005

(St. _____ Date of Birth Oct. 18, 1922.

(County Teton Sex of Child Male

Father Francis Edgar Hulet Mother Ella McEwen Hulet

I HEREBY CERTIFY that the child herein has been named:

Francis Reed Hulet

Ella McEwen Hulet.

Signature of Father or Mother.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 42-693

[redacted] IRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

C[redacted] Fall

RECEIVED NOV 1922 VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Murtaugh Registration District No. 34 File No. 107006

No. — St.

Primary Registration District No. 2085 Registered No.

Hospital —

FULL NAME OF CHILD -Bobby--Bell- Lois Evelyn Bell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	10/21 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Louis B Bell	FULL MAIDEN NAME	Iva E Williamson
RESIDENCE	Murtaugh	RESIDENCE	Murtaugh
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Leete

Twin Falls Ida

(Physician or midwife)

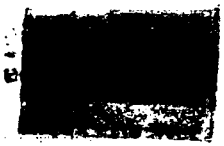
Given names added from a supplemental report.

19

Address

Registrar

Filed Nov 3 1922 John F Loughlin Registrar



Own childs birth certificate gives mothers name as Lois Evelyn Bell. Dated Decmeber 24, 1946. File #430370.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107006

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Baby Bell (Name on Original Certificate) who was born (Was Born or Died) on October 21, 1922 (Date of Event) in Murtaugh, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Baby Bell	Lois Evelyn Bell

Subscribed and sworn to before me this 18th day of August, 1962

Notary Public, residing at Burley, Idaho

My commission expires Dec 1965

(Seal)

Signed Ina Bell Heinzen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 L 8-16-62. nm

Bible record from old Family Bible which is obviously old gives name as Lois Evelyn Bell Born October 21, 1922. Viewed by V.S.
The middle name of Evelyn on the bible record appears to have been altered.

OCT 22 1962

Marriage certificate dated Aug 18, 1940, Lincoln County, Idaho gives name as Evelyn Bell, married Glen Stanger. viewed by V.S.

436-117-042-25 AMENDED MOTHER'S NAME 4-3-2000 MS Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 16 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls City of Hansen No. ____ St.

Registration District No. 34 File No. 107007

Primary Registration District No. 2085 Registered No. ____

Hospital ____

FULL NAME OF CHILD Albert Kenneth McFarland

Sex of Child M | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth 10 (Month) 17 (Day) 1922 (Year)

FATHER

FULL NAME A. C. McFarland

RESIDENCE Hansen

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Annie Anna Bennett

RESIDENCE Hansen

COLOR W AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE England

OCCUPATION Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:15 a.m. on the date above stated.

(Signature) E. S. Milford

Physician (Physician or midwife)

Address Twin Falls Ida

Filed Oct 20 1922 John Houghlin Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 30 1942

IDAHO DEPARTMENT OF HEALTH AND WELFARE,
Center for Vital Statistics
and Health Policy

3-23-2000

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of California
County of Sacramento } ss.

VITAL STATISTICS
00 MAR 31 PM 9:19

Certificate No. 1922-107007
Date Filed NOV. 18, 1922

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for ALBERT KENNETH MCFARLAND (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on OCT. 17, 1922. (Date of Event)

in HANSEN (TWIN FALLS) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
MOTHER'S MAIDEN NAME	ANNA BENNETT	ANNIE BENNETT

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

X Kathryn L. McFarland
Signature of Applicant

X 2732 Prove Way Sacramento CA 95822
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Sacramento } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of ~~Mar~~ S. R. March, 2000

Notary Public, Sharon Rudolph

Residing at Sacramento CA 95823

My commission expires June 15, 2003

(Seal)

SHARON RUDOLPH
Commission # 1220036
Notary Public — California
Sacramento County
My Comm. Expires Jun 15, 2003

Supporting Signature

Street Address, City, State

cc sent 3-7-00

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Sacramento

On March 27, 2000 (Date) before me, Sharon Rudolph, Notary Public (Name and Title of Officer (e.g., "Jane Doe, Notary Public")),

personally appeared Kathryn Mc Farland (Name(s) of Signer(s)),

☐ personally known to me – **OR** – ☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

SHARON RUDOLPH
Commission # 1220038
Notary Public - California
Sacramento County
My Comm. Expires Jun 15, 2003

Sharon Rudolph
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Affidavit to Correct or Amend An Original Certificate

Document Date: March 27, 2000 Number of Pages: 1

Signer(s) Other Than Named Above: _____

1 Page Attached

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Individual
☐ Corporate Officer
Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing:

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer's Name: _____

☐ Individual
☐ Corporate Officer
Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing:

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

© 1995 National Notary Association • 8236 Remmet Ave., P.O. Box 7184 • Canoga Park, CA 91309-7184

BIRTH CERTIFICATE FROM SOMERSET HOUSE, LONDON SHOWS ANNIE BENNETT BORN JULY 10, 1904 IN WORSLEY (LANCASTER) ENGLAND VIEWED VS.

238-116-042-238

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. R.F.D. St.

Registration District No. 37.

File No. 107008

Hospital

Primary Registration District No. 2085.

Registered No.

FULL NAME OF CHILD Reed, Franklin Sly
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	Sept 16 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frank L Reed	FULL MAIDEN NAME	Lora Sly
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Neb	BIRTHPLACE	Mo
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Lonchek
Physician
(Physician or midwife)

Address Twin Falls, Idaho

Filed Nov. 1-22 192 John S. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
FEB 27 1923
BUREAU OF VITAL STATISTICS

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City **Twin Falls** File No. 107008

(St. **Idaho.** Date of Birth **Sept., 16, 1922.**

(County **Twin Falls** Sex of Child **Male**

Father **Frank L. Reed** Mother **Lora Belle Sly (Maiden Name**

I HEREBY CERTIFY that the child herein has been named:

Franklin Sly Reed

Frank L. Reed

Signature of Father or Mother.

534-111-042-766

PLACE OF BIRTH

County of Twin Falls

City of

No. R.F.D. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107009

Registration District No. 37. File No.

Primary Registration District No. 0085 Registered No.

FULL NAME OF CHILD Malone Clifford Eldon
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 11 1922

What bactericidal solution was used in eyes? Argyol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Hershel E Malone	FULL MAIDEN NAME	Letha Pool
RESIDENCE	~~Twin Falls~~ Filer	RESIDENCE	Filer
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ill	BIRTHPLACE	SoC
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Clonshet

Physician
(Physician or midwife)

Address Twin Falls Idaho

Filed November 1-22 1922 John T Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1945

215-113-042-319

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 34 File No. 107010

No. ..... St.

Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD John Eldelius Savage

Sex of Child M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 10 (Month) - 13 (Day) - 1922 (Year)

FATHER		MOTHER	
FULL NAME	J. D. Savage	FULL MAIDEN NAME	Eadeth Carlsson
RESIDENCE	Kimberly Ida	RESIDENCE	Kimberly Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

[illegible] BACTERICIDAL SOLUTION WAS USED IN EYES

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. Milford

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

Registrar.

Filed Oct 20 1922 John F Loughlin Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 26 1944

847-114-042-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.
City of Hansen, Ida.
No. ..... St.
Hospital .....

Registration District No. 37.
Primary Registration District No. 2085.

File No. 107011
Registered No. .....

FULL NAME OF CHILD Otis Bert Hughes
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Oct 14 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Carl Hughes	FULL MAIDEN NAME	May Tolby
RESIDENCE	Hansen - Ida.	RESIDENCE	Hansen - Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Oklahoma	BIRTHPLACE	Missouri
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas R Scott
(Physician or ~~midwife~~)

Address Twin Falls - Ida.

Filed Nov. 1 1922 John S. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 30 1941

458-225-042-959

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Clover

No. ——— St.

Hospital ———

RECEIVED NOV 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107012

Registration District No. 37. File No.

Primary Registration District No. 2085. Registered No.

FULL NAME OF CHILD Eunice Maria Meyer
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe	—		—	Yes	10-25-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Jno. Meyer	FULL MAIDEN NAME	Caroline M. Reinke
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Natural Germany	BIRTHPLACE	Nebraska
OCCUPATION	31 years ago Jed Farmer	OCCUPATION	Hswfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:06 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E R Van Cott
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Twin Falls

Filed Nov. 1 -- 1922 John J. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1943

263-176842-418

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 15 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.
City of Twin Falls,
No. ____ St.
Hospital
Registration District No. 37.
Primary Registration District No. 2085.
File No. 107013
Registered No.

FULL NAME OF CHILD Lloyd Harold Koch *Changed to Cook by Court Order
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 16 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Walter G. Koch	FULL MAIDEN NAME	Lorissa E. ~~May~~ May
RESIDENCE	Kimberly R.F.D.	RESIDENCE	Kimberly R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott
(Physician or midwife)

Address Twin Falls Idaho

Give names added from a supplemental report.

*Order No.36085, Superior Ct. St. of Wash. County of Spokane, changed name of Walter C. Koch and Lorissa May Koch to "Cook". Feb 13.1942. Order returned to Nadine Cook Aug 10.1942

Filed Nov. 13 1922

John S. Coughlin
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25 1957

693-224-042-869

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Ida.

No. ..... St.

Registration District No. 37 File No. 107014

Hospital County

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Premature - died a few hrs later
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Oct 24 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	E. C. Wilson	FULL MAIDEN NAME	Carla York
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton Ida
COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 45 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles R. Scott
(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Twin Falls

Filed Nov 3 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

634-118-062-799

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 10 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

107015

County of Twin Falls

City of " "

No. ____ St.

Registration District No. 34

File No. ____

Hospital ____

Primary Registration District No. 1085

Registered No. ____

FULL NAME OF CHILD Neil Olmstead

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Oct 15 1922

What bacteriolidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Edgar H Olmstead	FULL MAIDEN NAME	Mary Griffith
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Illinois	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-55-P M. on the date above stated.

(Signature) J W Wilson

Physician (Physician or midwife)

Address Twin Falls Ida

Filed Oct 31 1922 John H Coughlin Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1972

699-22-062-393

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 15 1927
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of "

No. 101 Jackson St.

Hospital

Registration District No. 34

Primary Registration District No. 1085

File No. 107016

Registered No.

FULL NAME OF CHILD Freeda Lou Wire
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 27 1927

What bacteriocidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank A. Wire	FULL MAIDEN NAME	Hazel Litherington
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	~~House wife~~

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson, Physician
(Physician or midwife)

Address Twin Falls Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct. 31 1927 John A. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF OHIO

DEPARTMENT

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

RECEIVED DEC 28 1922 VITAL STATISTICS

City Twin Falls File No. 107016

St. 101 Jackson. Date of Birth Oct-27-1922

County Twin Falls. Sex of Child Female

Father Frank Wire Mother Mrs Hazel Wire.

I HEREBY CERTIFY that the child herein has been named:

Freeda Jon Wire.

Mrs Frank Wire.

Signature of Father or Mother.

MAY 1 0 1967

229-119-42-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 1 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 167017

County of Twin Falls
City of " "
No. ____ St.
Hospital ____
Registration District No. 34
Primary Registration District No. 1085
File No. ____
Registered No. ____

FULL NAME OF CHILD Kenneth Duane Skinner
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	10 19 1922

What bacteriocidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Kenneth Vernal Skinner	FULL MAIDEN NAME Elsie Gannell
RESIDENCE 1431-67" Twin Falls	RESIDENCE 1431- E 7th Twin Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Clerk	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 3-3 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Mason
(Physician or ~~midwife~~)

Address Twin Falls

Filed Oct 31 1922 John H. Coughlin
Registrar.

Give names added from a supplemental report.

____, 192____

____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth: City Twin Falls

St. 1431, 7 ave East

County Twin Falls

File No. 107017

Date of Birth Oct 19-1922

Sex of Child Male

Father K. V. Skinner

Mother Mrs K. V. Skinner

RECEIVED OCT 26 1922 VITAL STATISTICS

I HEREBY CERTIFY that the child herein has been named:

Kenneth Duane Skinner

Mrs K. V. Skinner

Signature of Father or Mother.

JUL 2

SEP 18 1942

296-103-042-912

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Registration District No. 34

File No. 107018

Hospital .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Mark Hyrum Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	10 3 1922

What bactericidal solution was used in eyes? Agnos 1 %

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Claude Brown	FULL MAIDEN NAME	Bertha Rasmussen
RESIDENCE	420 4" Ave No Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 11 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. Wasson

(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 192....

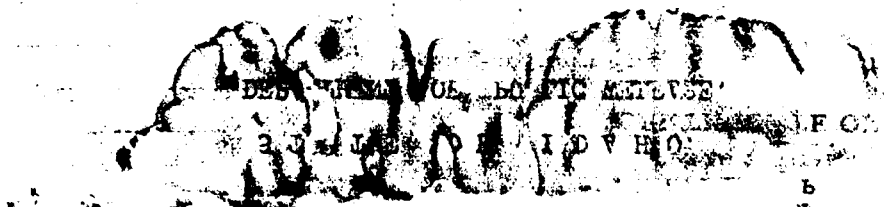
Registrar.

Address Twin Falls

Filed Oct 31 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: City Twin Falls. File No. 107018

St. 412 4th Ave No Date of Birth Oct 3 - 1922

County Twin Falls Sex of Child Male

Father Claude Brown Mother Bertha R. Brown

I HEREBY CERTIFY that the child herein has been named:

Mark Hyrum Brown

Claude Brown.

Signature of Father or Mother.

394218-042-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Registration District No. 34 File No. 107019

Hospital ..... Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Etta Violet Crump
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	10 - 18 1922

What bactericidal solution was used in eyes? Ag No 3 1 %

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	George F. Crump	FULL MAIDEN NAME	Viola Gardner
RESIDENCE	3 mi. So. W. Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ida.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Masson

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Twin Falls

Filed Oct 31 1922 John F Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3 0 1975

JAN 3 1952

JAN 3 1952

265-231-042-631

PLACE OF BIRTH

RECEIVED
NOV 1 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Twin Falls.

No. ..... St.

Hospital .....

Registration District No. 37.

File No. 107020

Primary Registration District No. 1085.

Registered No. .....

FULL NAME OF CHILD Betty Jane Boehm
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female.		yes.	10--31---1922

What bactericidal solution was used in eyes? Ag NO_3 10%

Number of child of this mother, including present birth one. Number of child of this mother now living, including present birth one.

FATHER		MOTHER	
FULL NAME	Geo.E Boehm.	FULL MAIDEN NAME	Helen Flather.
RESIDENCE	Twin Falls Co.	RESIDENCE	Twin Falls Co.
COLOR	White.	COLOR	white.
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ill.	BIRTHPLACE	Kans.
OCCUPATION	Farmer.	OCCUPATION	Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12-50--- P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Coughlin

Physician.
(Physician or midwife)

Address Twin Falls.

Filed Nov. 1-22 192 John W. F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { City [illegible] File No. 107020

St. [illegible] Date of Birth [illegible]

County [illegible] Sex of Child Female

Father [illegible] Mother [illegible]

I HEREBY CERTIFY that the child herein has been named:

[illegible]

[illegible]

Signature of Father or Mother.

RECEIVED
DEC 26 1922
VITAL

AUG 1 2 1942

386-130-042-665

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107021

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37 File No. .....

Hospital ..... Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Day, John Thomas
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Oct 30 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John P Day	FULL MAIDEN NAME	Katherine Owens
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Wash	BIRTHPLACE	Colo
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Clouchek

Physician
(Physician or midwife)

Address Twin Falls, Idaho

Filed Nov 3 1922 John F Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF UTAH

DEPT. OF PUBLIC WELFARE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Twin Falls

(St. Idaho

(County Twin Falls

File No. 107021

Date of Birth October 30 1922

Sex of Child Male

Father John P. Day

Mother Catherine A. Owens

I HEREBY CERTIFY that the child herein has been named:

John Thomas Day.

Catherine A. Day

Signature of Father or Mother.

366-128.042-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107022

County of Twin Falls

City of Twin Falls Ida

No. ..... St. ..... Registration District No. 37 File No. .....

Hospital County Primary Registration District No. 1025 Registered No. .....

FULL NAME OF CHILD James Wright Cook
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Oct 29 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	M. W. Cook	FULL MAIDEN NAME	Mary Thomas
RESIDENCE	Castle Ford Ida R1	RESIDENCE	Castle Ford, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Spanish Fork Utah
OCCUPATION	Farmer	OCCUPATION	Hw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 05 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings M D
(Physician or midwife)

Address Buhl Ida.

Give names added from a supplemental report.

....., 19.....

Filed Nov 3 1922 John F Loughlin
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1942

JUL 1 1942

399-117-042-336

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 126-3 ave E. St.

Registration District No. 34 File No. 107023

Primary Registration District No. 1085 Registered No.

Hospital —

FULL NAME OF CHILD Donald ~~Roy~~ Critchfield

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—			yes	10/17 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Earl Critchfield	FULL MAIDEN NAME	Jennie Lloyd
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Leete

Twin Falls Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Nov 3 1922

John F Loughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 29 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
468-226-042-613

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Co. Hosp.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107024

Registration District No. 37.

File No. .....

Primary Registration District No. 1085;

Registered No. .....

FULL NAME OF CHILD ~~Lorna~~ DONNA ~~Lorraine~~ LARENA MOYES

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept (Day) 26 (Year) 1922
female		yes	

What bactericidal solution was used in eyes? agnoz 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER		MOTHER
FULL NAME	Roy Vernol Moyes	FULL MAIDEN NAME	Nettie Claudine Walton
RESIDENCE	Murtaugh Ida	RESIDENCE	Murtaugh Ida
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:55 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis
M D
(Physician or midwife)

Address Kimberly

Filed Nov. 1 1922 J. F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding }

Certificate No. 107024

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for DONA LORAINE MOYES (NAME ON ORIGINAL CERTIFICATE) who Was Born (WAS BORN OR DIED) on Sept 26 1922 (DATE OF EVENT)
in Twin Falls Idaho (PLACE OF EVENT) are erroneous or were omitted; and that to the best of his knowledge, the
true facts as shown by DONNA LARENA MOYES (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept 26 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Dona Loraine	Donna Larena Moyes

Subscribed and sworn to before me this 27th
day of November, 19 42

Notary Public, residing at Hagerman Idaho
My commission expires March 22nd 1944
(SEAL)

Signed Mrs R V Moyes
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of November, 19 42

Notary Public, residing at Hagerman Idaho
My commission expires March 22nd 1944
(SEAL)

Signed Ray V Moyes
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Hagerman Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 1 1942

396-130-042-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107026

RECEIVED NOV 7 1922 BUREAU OF VITAL STATISTICS

County of Twin Falls
City of Twin Falls Ida
No. ..... St. .....
Registration District No. 35.
File No. .....
Hospital County
Primary Registration District No. 1085.
Registered No. .....

FULL NAME OF CHILD Junius Wesley Crowley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept 30 1922

What bacterieidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	John M. Crawley	FULL MAIDEN NAME	Pauline Williams
RESIDENCE	Penitentiary Boise Ida	RESIDENCE	Buhl, Ida
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Sonoma Co. - California	BIRTHPLACE	Hugo, Illinois
OCCUPATION	Farmer	OCCUPATION	H. W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive: at 10 15/P M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph [illegible] Physician
(Physician or ~~midwife~~)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov. 1 1922 John T. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-130-042-314

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 10 1922 VITAL STATISTICS

CERTIFICATE OF BIRTH 107027

County of Twin Falls
City of Twin Falls Ida
No. ..... St.
Hospital County

Registration District No. 37 a
Primary Registration District No. 1085
File No. .....
Registered No. .....

FULL NAME OF CHILD Roy Howard Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	9 30 1922

What bacteriocidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edmond R Smith	Gladys LaMunyon
RESIDENCE	Filer Idaho R. 2.	Filer Idaho R#2
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Hardington Neb.	Colorado
OCCUPATION	Farmer	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Dwight M.D.
(Physician or midwife)
Address Filer, Ida.

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

Filed Nov. 1. 1922 John D. Loughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-101-042-213

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED NOV 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37.

File No. 107028

No. ..... St.

Primary Registration District No. 1085.

Registered No. .....

Hospital Home

FULL NAME OF CHILD James Eugene Kalman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 1 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Jacob Edward Kalman	FULL MAIDEN NAME	Tillie Balmazie
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Idaho
COLOR	White. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Omaha Neb.	BIRTHPLACE	Russia
OCCUPATION	Salesman	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1-30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Segal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Idaho

Filed Nov. 1 1922

John F. Houghlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595-116-042-154

PLACE OF BIRTH

RECEIVED
NOV 10 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 336 - 2nd N St.

Registration District No. 37

File No. 107029

Hospital

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Stettler Ellis Ernest
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Sept 16 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Ernest Stettler	Vivien E Anderson
RESIDENCE	Twin Falls	Twin Falls
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Oregon	Iowa
OCCUPATION	Banker	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Crouched

Physician
(Physician or midwife)

Address Twin Falls Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov. 1 -- 1922 John W. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

CHAC

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth: City Twin Falls — File No. 107029

St. 336 - 2nd Ave. N. — Date of Birth Sept 16, 1922

County Twin Falls — Sex of Child Male

Father Ernest Franklin Stettler — Mother Vivien Evelyn (Anderson) Stettler

I HEREBY CERTIFY that the child herein has been named:

Ellis Ernest Stettler

E. L. Stettler

Signature of Father ~~or Mother~~.

MAR 20 1964

MAR 2 1964

459-211-042-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 327-5 E St.

Registration District No. 37

File No. 107030

Hospital

Primary Registration District No. 1085

Registered No.

RECEIVED NOV 1 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Meigs, Cora Francis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	Twin	1st	Yes	Oct 11 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Comeigs	FULL MAIDEN NAME	Louisa Darow
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Iowa	BIRTHPLACE	Mich
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 09 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Loucheck

Physician (Physician or midwife)

Address Twin Falls, Idaho

Filed Nov. 1 1922 John W Gleaughin Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18/ 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Twin Falls

(St. 327 4th Ave E

(County Twin Falls

File No. 107030

Date of Birth Oct 11, 1922

Sex of Child Female

Father C.C. Meiga

Mother Louisa A. Meiga

I HEREBY CERTIFY that the child herein has been named:

Cora Francis,

C.C. Meiga

Signature of Father or Mother.

459-111-042-419

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 327-5 E St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107031

Registration District No. 37.

File No.

Primary Registration District No. 1085.

Registered No.

FULL NAME OF CHILD Meigs, Robert Wesley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	Twin	2nd	yes	Oct 11 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Comeg	FULL MAIDEN NAME	Louisa Darow
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Iowa	BIRTHPLACE	Mich
OCCUPATION	merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Goodick
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Twin Falls, Idaho

Filed November, 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
City Twin Falls
St. 327 4th Ave E.
County Twin Falls
Father C. O. Meigs

File No. 107031
Date of Birth Oct 11 1922
Sex of Child Male
Mother Louisa A. Meigs

I HEREBY CERTIFY that the child herein has been named:

Robert Wesley

C. O. Meigs
Signature of Father or Mother.

OCT 19 1950
AUG 18 2017
OCT 25 2017

295-210-042-296

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37.

File No. 107032

No. 172 So. Blue Lakes Blvd.

Primary Registration District No. 1085.

Registered No.

Hospital ✓

FULL NAME OF CHILD Betty Jean Kinder

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes -	Oct (Month) 10th (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry L. Kinder	FULL MAIDEN NAME	Vera H. Brown
RESIDENCE	172 So Blue Lakes Blvd Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Almont Kans -	BIRTHPLACE	Tilton Kans
OCCUPATION	Machinist	OCCUPATION	Hwf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Twin Falls Ida

Filed Nov. 1 1922

John S. Coughlin
Registrar

~~Registrar~~

AgNO3 1% Sol. in Eyes -

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 5 1974

595-115-042-652

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls, Ida.

City of Twin Falls. Registration District No. 37. File No. 107033

No. 501 4th Ave. N St.

Primary Registration District No. 1085. Registered No.

Hospital

FULL NAME OF CHILD Harold Keith Erekson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.				Yes.	Oct. 15 ----- 22

FATHER	MOTHER
FULL NAME Leslie Erekson.	FULL MAIDEN NAME Grace E. Webb.
RESIDENCE Twin Falls, Ida.	RESIDENCE Twin Falls, Ida.
COLOR White.	COLOR White.
AGE AT LAST BIRTHDAY 29. (Years)	AGE AT LAST BIRTHDAY 28. (Years)
BIRTHPLACE Utah.	BIRTHPLACE Utah.
OCCUPATION Truckdriver.	OCCUPATION Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn) at 11:58, P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Loughlin.

Phy. (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Ida.

Filed Nov. 1-22 19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

RECEIVED
FEB 23 1923
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: City Twin Falls; St. Idaho; County Twin Falls

File No. 107033

Date of Birth Oct. 13, 1922

Sex of Child Male

Father Leslie E. Erkson

Mother Grace E. Webb

I HEREBY CERTIFY that the child herein has been named:

Harold Keith Erekson

Mrs. Grace E. Erekson

Signature of Father or Mother.

813-123-042-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls, Ida

City of Twin Falls, Ida. Registration District No. 37. File No. 107035

No. 3-d Ave, W. St.

Primary Registration District No. 1085

Hospital

Registered No.

FULL NAME OF CHILD James Earl Hack.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.				yes.	July-23-22 19

FATHER	MOTHER
FULL NAME: C.E.Hack.	FULL MAIDEN NAME: Lottie May Hall.
RESIDENCE: Murtaugh, Ida.	RESIDENCE: Murtaugh, Ida.
COLOR: white. AGE AT LAST BIRTHDAY: 30 (Years)	COLOR: white. AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Ohio.	BIRTHPLACE: Ohio.
OCCUPATION: Farmer.	OCCUPATION: housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn), at 9: P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Eames,

Phy.
(Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report.

~~Argyrol 10% in eyes.~~ 19

Registrar

Filed Nov. 1 19 22

John L. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP

MAR 21 1949

JUN 13 1942

349-130-042-693

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Twin Falls

1922 CERTIFICATE OF BIRTH

107036

City of Twin Falls BUREAU OF VITAL STATISTICS Registration District No. 84 File No.

No. 1437 Fourth Ave. E.

Primary Registration District No. 1084 Registered No.

Hospital

FULL NAME OF CHILD Turner Merrill Ray

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male				yes	10	30	1922

FATHER	MOTHER
FULL NAME: Ellis Lee Turner	FULL MAIDEN NAME: Annie Mary Filleman
RESIDENCE: 1437 Fourth Ave. E. Twin Falls, Ida.	RESIDENCE: Twin Falls, Ida.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Taylor Ariz.	BIRTHPLACE: H Dhanis, Texas.
OCCUPATION: Mechanic	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:15 A M. on the date above stated.

(Signature) B.M. Rouse, M.E. Reg No. 1210

(Physician or midwife)

Address 157-3rd Ave W Twin Falls

Filed Oct 31 1922 John F Coughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF TEXAS

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Twin Falls File No. 107036

(St. Idaho Date of Birth Oct. 30. 1922

(County _____ Sex of Child Male

Father E. L. Turner Mother Annie M. Turner

I HEREBY CERTIFY that the child herein has been named:

Merrill Ray Turner

E. L. Turner

Signature of Father or Mother.

1437 4th. Ave. E.

243-214-042-355

PLACE OF BIRTH

RECEIVED NOV 1 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of (,)

No. ( ) St.

Hospital ( )

Registration District No. 24 File No. 107037

Primary Registration District No. 1055 Registered No.

FULL NAME OF CHILD Lorraine Catherine Butler

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Oct. 14 192.2

What bacteriocidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	William M. Butler	FULL MAIDEN NAME	Carrie Lee
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 4:30 a.m. **M.**

(Born alive or stillborn)

on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician

(Physician or midwife)

Address Twin Falls, Idaho.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

Filed Oct 31 1922 John F. Coughlin

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED JAN 1923 BUREAU OF VITAL STATISTICS

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Twin Falls. File No. 107037

(St. R.F.D. #3 B#145 Date of Birth Nov. 14, 1922

(County Twin Falls. Sex of Child Female

Father W. M. Butler Mother Carrie N. Butler.

I HEREBY CERTIFY that the child herein has been named:

Louise Catherine Butler.

W. M. Butler.

Signature of Father or Mother.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

City of Twin Falls Ida

VITAL

No. ..... St.

Registration District No. 37.

File No. 107038

Hospital County

Primary Registration District No. 1085.

Registered No. .....

FULL NAME OF CHILD Helen Harriet Hemphill

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	9 26 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Sam C. Hemphill	FULL MAIDEN NAME	Aubie Robinson
RESIDENCE	Kimberley Ida.	RESIDENCE	Kimberley Ida
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Yell Ark.
OCCUPATION	Rail Road fireman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 00 a M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J N Dunn

M. D.

(Physician ~~or midwife~~)

Address Kimberley

Filed Nov. 1 1922 John F. Coughlin

Registrar.

Give names added from a supplemental report.

....., 19....

.....

Registrar.

FEB 19 1938

799-128-042-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Ida

No. ..... St.

Registration District No. 37. File No. 107039

Hospital County Primary Registration District No. 1085. Registered No. .....

FULL NAME OF CHILD Robert Joseph Griffith

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept 28 1922

What bacteriecidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James Griffith	FULL MAIDEN NAME	Josephine Peterson
RESIDENCE	Twin Falls, Ida, R. 2.	RESIDENCE	Twin Falls Ida R. 2
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	California	BIRTHPLACE	S. Dak
OCCUPATION	Farmer.	OCCUPATION	Hse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 45 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician

(Physician or midwife)

Address Twin Falls, Ida

Give names added from a supplemental report.

....., 19.....

Filed NOV. 1 1922 John D. Coughlin

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-124-042-951

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 135 - 6th Ave W. Registration District No. 37. File No. 107040

Hospital — Primary Registration District No. 1085. Registered No.

FULL NAME OF CHILD ~~XXXXXXXXXX~~ (~~XXXXXXXXXXXXXX~~ ALVIN) Schaffer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes.	April 24 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argerol X %

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	L. A. Schaffer	FULL MAIDEN NAME	Velva L. Reagan.
RESIDENCE	Twin Falls. Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Cala.	BIRTHPLACE	Kansas.
OCCUPATION	Laborer.	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Emer.
Phy.
(Physician or midwife)

Address Twin Falls, Ida.

Filed Nov. 1 1922 John S. Coughlin
Registrar.

Give names added from a supplemental report.

..... 19..

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 3 1942

MAY 9 1957

859-202-042-331

PLACE OF BIRTH

RECEIVED NOV 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107041

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Cornelia Herzinger
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	10 2 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	J. R. Herzinger	FULL MAIDEN NAME	Bertha Cladek
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ill.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. McCluskey
Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Buhl Ida

Filed SEP 31 1922 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 23 1943

499-107-042-499

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107042

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Harlan C. Miracle
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	10 7 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	A. R. Miracle	FULL MAIDEN NAME	Julia Miracle
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ky.	BIRTHPLACE	Ky
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:00 A.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Fric Clusky
Phys
(Physician or midwife)

Address Buhl Idaho

Filed SEP 31 1922 192 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { City Buhl

St. _____

County Twin Falls

File No. 107042

Date of Birth Oct. 7. 1922

Sex of Child Male

Father A.R. Miracle Mother Julia Miracle

I HEREBY CERTIFY that the child herein has been named:

Harlan C. Miracle

Mrs Julia Miracle

Signature of Father or Mother.

OCT 8 1942

693-207-042-437

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St.

Registration District No. 39 File No. 107043

Hospital ____ Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Doris Agatha Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			yes	10-7-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: Arthur Lemmel Williams	FULL MAIDEN NAME: Bertha McGuire
RESIDENCE: Buhl	RESIDENCE: Buhl
COLOR: Wht	COLOR: Wht
AGE AT LAST BIRTHDAY: 50 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Mo.
OCCUPATION: Laborer	OCCUPATION: Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.30 P. M. on the date above stated.

(Signature) Geo. Jennings, M.D.
(Physician or midwife)

Address Buhl, Ida.

Filed SEP 31 1922 J. H. Murphy
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth { City Buhl

St. 7-209

County Twin

File No. 107043

Date of Birth Oct 7-1922

Sex of Child Female

Father Arthur L Williams Mother Bertha Williams.

I HEREBY CERTIFY that the child herein has been named:

Doris Agatha Williams.

Arthur L Williams. and-

Signature of Father or Mother.

Mother Bertha Williams.

314-238-042-681

PLACE OF BIRTH

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107044

RECEIVED
NOV 13 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls
City of Buhl
No.
Hospital
Registration District No. 39
Primary Registration District No. 2-081
File No.
Registered No.

FULL NAME OF CHILD Martha Lee Caughey
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.				yes	10-8-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William E. Caughey	FULL MAIDEN NAME	Myrtle Whalen
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wht.	COLOR	Wht.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kans.	BIRTHPLACE	Kans.
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Geo. Jennings M.D.
(Physician or midwife)

Address Buhl Ida.

Filed SEP 31 1922 J. N. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
JAN 1923
BUREAU

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Filer

(St. _____

(County Twin Falls

File No. 107044

Date of Birth Oct 8, 1922.

Sex of Child Female

Father W. B. Caughey Mother Myrtle M. Caughey

I HEREBY CERTIFY that the child herein has been named:

Martha Lee Caughey

Myrtle M. Caughey

Signature of Father or Mother.

APR 11 1944

413-208-042-293

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls
City of Buhl
No. ..... St.
Hospital .....

Registration District No. 39 File No. 107045
Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Margaret Irene Dalzell
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	10-8 192[illegible]

What bacteriacidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frank Dalzell.	FULL MAIDEN NAME	Victoria Filch
RESIDENCE	Buhl.	RESIDENCE	Dana.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Cal.	BIRTHPLACE	U. S.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 6 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Address Buhl Ida

Filed 10-15 192[illegible] J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
17 1923

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

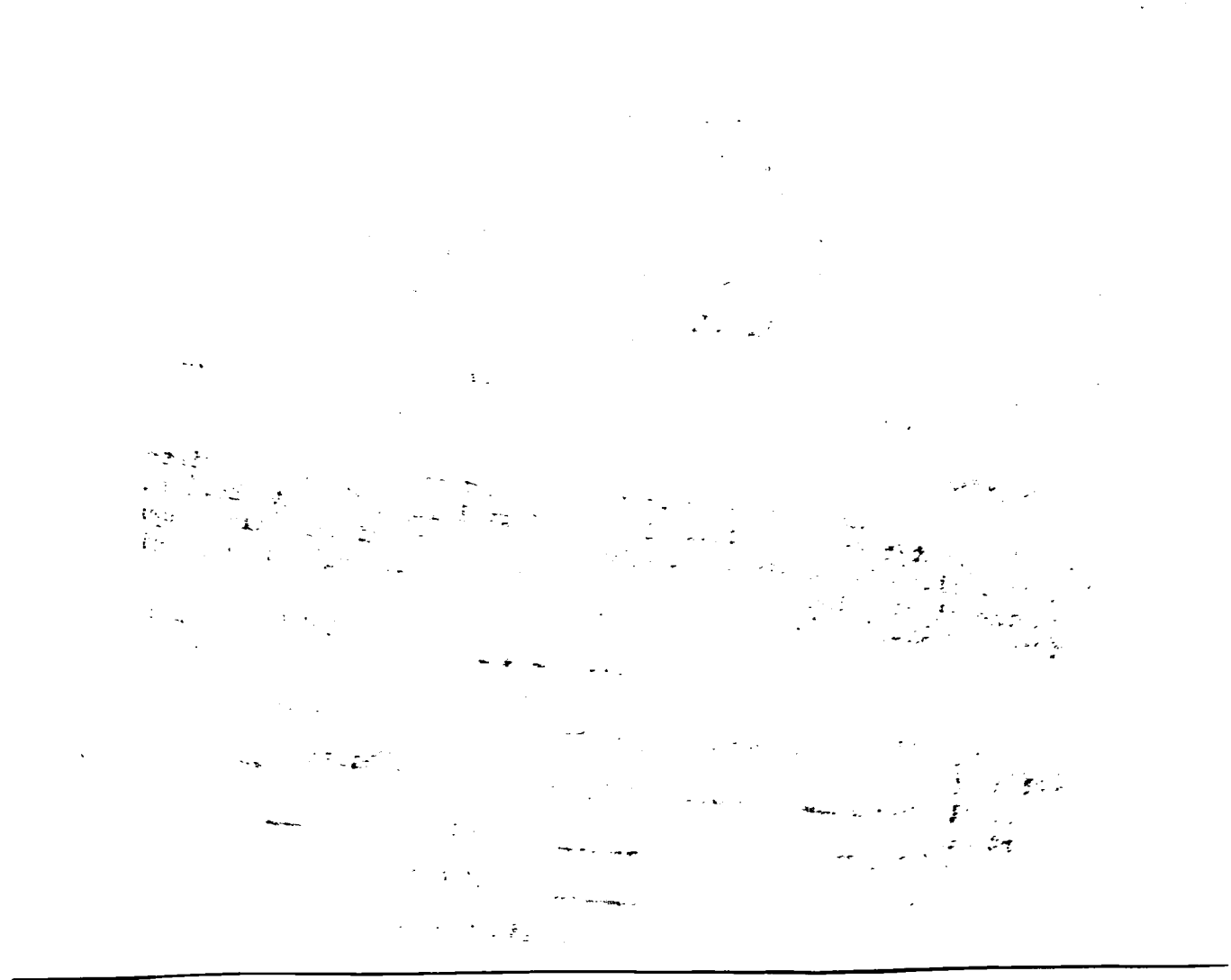
* * * * * * * *

Place of Birth:
City Buhl
St. 108 8th St.
County Twin Falls
Father Frank Dolezal
File No. 107045
Date of Birth Oct. 8th, 22.
Sex of Child Female
Mother Victoria Jilek Dolezal

I HEREBY CERTIFY that the child herein has been named:

Margaret Irene.

Frank Dolezal
Signature of Father or Mother.



24-108-042-765

PLACE OF BIRTH

RECEIVED NOV 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 107046

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD EDWIN J. KUDRNA
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	10-8 1922

What bactericidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 12 Number of child of this mother now living, including present birth 11

FATHER		MOTHER	
FULL NAME	J. W. Kudrna.	FULL MAIDEN NAME	Mary Perlicek.
RESIDENCE	Buhl.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Russia.	BIRTHPLACE	Russia.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Murphy M.D.
(Physician or midwife)

Address Buhl Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 10-16 1922 J. W. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Lake }

Certificate No. 107046

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Edwin J. Kudrna (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 8, 1922 (DATE OF EVENT)
in Buhl, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on or about Oct. 8, 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Edwin J. Kudrna

Subscribed and sworn to before me this 7th
day of April, 1942

Notary Public, residing at Lakeview, Oregon
My commission expires April 20, 1943
(SEAL)

Signed J W Kudrna
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

Box 931 Lakeview, Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of April, 1942

Notary Public, residing at Lakeview, Oregon
My commission expires April 20, 1943
(SEAL)

Signed Harley G. Miller
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Lakeview, Oregon
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 4 1942 By
(REGISTRAR'S SIGNATURE)

MAY 5 1942

455-210:042-165

PLACE OF BIRTH

RECEIVED
... 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 107047

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Violet Mary Denney
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	10 10 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	E. W. Denney	FULL MAIDEN NAME	Pearl Jones
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wash.	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Phil Clucky
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Buhl Ida

Filed SEP 31 1922 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 31 1942

MAY 2 1969

445-214-042-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED NOV 13 1922 BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 107048

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Ina Adelle Duncan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	10 14 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	B. F. Duncan	FULL MAIDEN NAME	Ida Stone
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ky	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 1/2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Phys.
(Physician or midwife)

Address Buhl Ida

Filed SEP 31 1922 192 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { City Buhl
St. RFD # 5
County Twin Falls

File No. 107048

Date of Birth Oct. 14 1922

Sex of Child Female

Father B F Duncan

Mother

I HEREBY CERTIFY that the child herein has been named:

Ina Adelle Duncan

B F Duncan

Signature of Father or Mother.

219-115-042-814

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 31 File No. 107049

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Virgil Lamar Barron Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	10 15 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Virgil Barron	FULL MAIDEN NAME	Stella Hammond
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCurdy

Phys. (Physician or midwife)

Address Buhl Ida

Filed SEP 31 1922 J. H. Murphy Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-115-042-929

PLACE OF BIRTH

NOV 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 107050

Hospital .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD William Edward Babcock
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	10 15 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Everett Babcock	FULL MAIDEN NAME	Ona Zbinden
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Mo.
OCCUPATION	Barber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCherky
Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Buhl Ida

Filed NOV 31 1922 192.. J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 19[illegible]

356-117-042-168

PLACE OF BIRTH

RECEIVED
NOV 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Castleford

No. ..... St.

Hospital .....

Registration District No. 39 File No. 107051

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD JACK DEMPSEY LEWIS
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	10 17 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	J. F. Lewis	FULL MAIDEN NAME	Bessie Johnson
RESIDENCE	Castleford.	RESIDENCE	Castleford.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ark.	BIRTHPLACE	Texas
OCCUPATION	Stock Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed SEP 31 1922 J. H. Wimpley Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107051

SEP 22 1941

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Jack Dempsey Lewis (Name on original certificate) who RECEIVED born (Was born or died) on Octo Ber 17 1922 (Date of event)
in Castle Ford - Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Jack Dempsey Lewis

Subscribed and sworn to before me this 22
day of September, 19 41

Notary Public, residing at Twin Falls Ida

My commission expires. MY COMMISSION EXPIRES JAN. 18, 1945
[SEAL]

Signed Bessie Lewis Randall-Sisson
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person)

Rio Tinto Nevada
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

462-218-042-265

PLACE OF BIRTH

RECEIVED NOV 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Buhl

No. ____ St.

Reg. No. 39 File No. 107052

Hospital ____ Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Lois Lillian Ward.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	Oct. 18 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	A. D. Ward.	FULL MAIDEN NAME	Golda Ward.
RESIDENCE	Buhl.	RESIDENCE	Buhl.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	36.
BIRTHPLACE	Ill.	COLOR	W.
OCCUPATION	Barber.	AGE AT LAST BIRTHDAY (Years)	28.
		BIRTHPLACE	Ida.
		OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11. P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

~~Give names added from a supplemental report.~~

(Signature) J. H. Murphy M.D.

(Physician or midwife)

Address Buhl Ida.

Filed 10-20 1922 J. H. Murphy

Registrar.

~~Registrar.~~

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1952

865-219-042-795

PLACE OF BIRTH

RECEIVED NOV 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

107053

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Barbara Anna Hoelzle
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	10 19 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Adolph C. Hoelzle	FULL MAIDEN NAME	Lucile Pierce
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	North Dak.	BIRTHPLACE	New Mex
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed Oct. 31 1922 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 13 1969

11-10-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
NOV 20 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of WASH
County of King } ss.

Certificate No. 107053
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Barbara Anna Hoelzle (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-19-~~25~~ 22 (Date of Event)

in Buhl (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
mothers maiden name	Hoelzle, Lucille	Pierce, Lucile
date filed	Sep 31, 1922	Oct 31 1922

Subscribed and sworn to before me this 16TH day of Nov., 19 81.

Notary Public, [signature]
Residing at Seattle
My commission expires 10-3-82
(Seal)

X Ruby M. Gerry
Signature of Applicant

1724 N. E. Brockman Pl Seattle Wa 98125
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

Marriage Certificate from State of Idaho County of Twin Falls gives Adolph C Hoelzle and Lucile Pierce were married 11-8-21 in Twin Falls. Viewed by V.S.

NOV 30 1981

Certificates were stamped ahead in error at time of recording. File date incorrectly stamped as Sept. Should be October. approved by FC

Family Bible Record sheet gives Lucile Lucy Pierce born 6-9-1902 at Raton, New Mexico and married 11-8-21 in Twin Falls

219-119-042-385

PLACE OF BIRTH

RECEIVED
NOV 10 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Buhl
No. ..... St.
Hospital .....

Registration District No. 39 File No. 107054
Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD William Bartell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		yes	10 19 1922

What bacteriacidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	E. H. Bartell	FULL MAIDEN NAME	Katie Thessen
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Fred Chesky
Phys
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed SEP 31 1922

J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9 1942

AUG 1 1 1945

314-220-042-293

PLACE OF BIRTH

RECEIVED
NOV 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107055

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 34

File No. .....

Hospital .....

Primary Registration District No. 2081

Registered No. .....

FULL NAME OF CHILD Betty Jo Caughey

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			yes	10-20-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robert Caughey	FULL MAIDEN NAME	Fern Bills
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wht	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kans.	BIRTHPLACE	Kans.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Geo Jennings M.D.

(Physician or midwife)

Address Buhl Ida

Filed SEP 31 1922 J. N. Murphy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF LAND

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
MAR 13 1923
BUREAU OF VITAL STATISTICS

Boise, Idaho 11/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Filer

(St. _____

(County Twin Falls

File No. 107055

Date of Birth Oct 20 1922

Sex of Child Female

Father Robert M Caughey Mother Fern Bills Caughey

I HEREBY CERTIFY that the child herein has been named:

Betty Jo Caughey

Mrs. Mrs. R. M. Caughey

Signature of Father or Mother.

MAY 6 1942

231-221-042-437

PLACE OF BIRTH

RECEIVED NOV 15 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St.

Hospital ____

Registration District No. 39 File No. 107056

Primary Registration District No. 2-987 Registered No. ____

FULL NAME OF CHILD Myrtle Louise Starkey
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.			yes	10-21-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Carl Wesley Starkey	FULL MAIDEN NAME	Effie M. Grannahan
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wht	COLOR	Wht.
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Kans	BIRTHPLACE	Kans
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

(Signature) Geo Jennings M.D.
(Physician or midwife)

Address ____

SEP 31 1922

Filed ____ 192__ J. N. Murphy Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PUBLIC LIBRARY.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 3 [illegible] TAL

Boise, Idaho 11/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Buhl

(St. R.R# 3

(County Twin Falls

File No. 107056

Date of Birth October 21-1922

Sex of Child Female

Father Carl W.

Mother Effie J.

I HEREBY CERTIFY that the child herein has been named:

Myrtle Louise

Mrs Effie J. Starkey

Signature of Father or Mother.

JAN 24 1945

JAN 14 1968

369-125-042-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107057

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. .....

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Emilia Corpion
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	10-25-1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Agapito Corpion	FULL MAIDEN NAME	Eulogia Salterain
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	W AGE AT LAST BIRTHDAY 33 (Years)	COLOR	White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed SEP 31 1922 192 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 194

632-227-042-855

PLACE OF BIRTH

RECEIVED NOV 1 1928 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 107058

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Opal Eileen Olson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		yes.	10-27-192X

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	G. T. Olson	FULL MAIDEN NAME	Mattie Haug.
RESIDENCE	Buhl.	RESIDENCE	Same.
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Iowa.	COLOR	W.
OCCUPATION	Farmer.	AGE AT LAST BIRTHDAY (Years)	34
		BIRTHPLACE	Iowa.
		OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1230 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy M. D.

(Physician or midwife)

Address Buhl Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 10-28 192X J. N. Murphy

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 29 1968

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 11/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Buhl

(St. _____

(County Twin Falls

File No. 107058

Date of Birth October 27

Sex of Child Female

Father Gunder Olson Mother Mattie Olson

I HEREBY CERTIFY that the child herein has been named:

Opal Eileen

Mattie Olson

Signature of Father or Mother.

RECEIVED NOV 1922

819-229-042-435

PLACE OF BIRTH

RECEIVED NOV 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107059

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		yes	10-29-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ivan Harrol	FULL MAIDEN NAME	Jennie McEachran
RESIDENCE	Buhl	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
M.D.
(Physician or midwife)

Address Buhl Ida.

Filed 10-30 1922 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-13-042-569

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
1922
VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39

File No. 107060

Hospital .....

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Donald Rae Hicks
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	10-31-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Jacob Hicks	FULL MAIDEN NAME	Gladys Ewing
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wht.	COLOR	Wht.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	S. D.
OCCUPATION	Farmer	OCCUPATION	H'seife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings M.D.

(Physician or midwife)

Address Buhl, Ida

Filed SEP 31 1922 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Buhl

(St. Idaho

(County Twin Falls

File No. 107060

Date of Birth October 31, 1922

Sex of Child Male

Father Wm J. Hicks

Mother Gladys Hicks

RECEIVED DEC [illegible] 1922 BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY that the child herein has been named:

Donald Ral

Mrs Wm J. Hicks

Signature of ~~Father~~ or Mother.

SEP 17 1942

MAR 30 1945

236-215-042-134

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 1 1922

County of Twin Falls

City of Filer

No. ____ St. Registration District No. ____ File No. 107061

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Katherine Irene Scott
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	Nov 25 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Walter Harris Scott	FULL MAIDEN NAME	Lena Marie Alm
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Washington D. C.	BIRTHPLACE	Tennessee
OCCUPATION	Tailor	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Mayberry
(Physician or midwife)

Address Filer Ida

Filed Dec 5 1922 A. A. Newberry
Registrar.

Give names added from a supplemental report.

____, 19____

____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT

289-
102.042-799

PLACE OF BIRTH

County of Twin Falls

City of Fife

No. ..... St.

Hospital .....

RECEIVED DEC 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 107062

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ~~[illegible]~~ WAYNE RALPH SHRIVER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Nov. 2 192 2

What bactericidal solution was used in eyes? Ag No 3 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ralph W. Shriver	FULL MAIDEN NAME	Mildred Prince
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kas	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Hurfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~at~~ 7.15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Newberry
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

..... Registrar.

Address .....

Filed Nov. 2 192 2 A A Newberry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Jerome }

Certificate No. 107062

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for not named(WayneRalph Shriver) who was born on NoV. 2nd,1922
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Filer,Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Family record prepared on , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	not named	Wayne Ralph Shriver

Subscribed and sworn to before me this 21st
day of April, 19 42
Notary Public, residing at Jerome, Idaho
My commission expires April 23rd, 1942
(Seal)

Signed Mildred Shriver
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Jerome, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.
County of Jerome }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of April, 19 42
Notary Public, residing at Jerome, Idaho
My commission expires April 23rd, 1942
(Seal)

Signed Ola A. Hendrickson
(Signature of Any Credible Person Other Than Previous Year)
Jerome, Idaho
(Street Address, City, State)

APR 22 1942

APR 24 1942

583-106-042-495

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 4 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Registration District No. .....

File No. 107063

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Wm D Ehler

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Nov. 6 192

What bactericidal solution was used in eyes? Ag no 2 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	S R Ehler	FULL MAIDEN NAME	Ada Diehl
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Hwife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 8 50 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Newberry
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed Nov 6 192 A A Newberry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 15 1961

JAN 16 1959

291-201-042-271

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 107064
Local Reg. No.
Reg. Dist. No. 39

Amended 3-26-68

1. PLACE OF BIRTH
a. COUNTY: Twin Falls
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Buhl
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Buhl
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Edna
b. (Middle): Merle
c. (Last): Brabb

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	November 1, 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Leslie
b. (Middle): E.
c. (Last): Brabb

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
30 YEARS	Kansas	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Nellie
b. (Middle):
c. (Last): Spainhower

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
28 YEARS	Missouri	0	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. F. McClusky

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov. 30, 1922

22. REGISTRAR'S SIGNATURE: J. H. Murphy

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES NO DATE

...N OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED NOV 9 1967 Bureau of Vital Statistics

State of Idaho } ss.
County of Twin Falls }

Certificate No. 107064

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edna Murel Braab (Name on Original Certificate) who was born (Was Born or Died) on Nov. 1, 1922 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by known the undersigned, being the mother of said child prepared on (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Edna Murel Braab	Edna Merle Brabb

Subscribed and sworn to before me this 15th day of August, 1967.

Notary Public, residing at Buhl, Idaho
My commission expires 12/11/68
(Seal)

Signed Nellie M Braab
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

836 Sprague Ave Buhl, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of August, 1967.

Notary Public, residing at Buhl, Idaho
My commission expires 9-7-67
(Seal)

Signed Ruth E Carrington
(Signature of Any Credible Person)

913 Burley Avenue, Buhl, Idaho
(Street Address, City, State)

CL 8-9-67. MM One copy pd. rec. #23729.

FORM DH 60-155

Statement from Buhl Public Schools, Buhl, Idaho, written August 22, 1967 by Lois J. Rudy, Registrar - states "This is to certify that according to the records of the - Buhl Public Edna Merle Brabb was born November 1, 1922 in Buhl, Idaho. Her father is listed as Leslie Brabb. This record is dated September 7, 1931." - viewed by V.S.

Marriage Certificate and License, married April 11, 1943, at Buhl, Twin Falls Co., Idaho, gives name of Groom as Burton Stanley Harmon and Bride as Edna Merle Brabb - viewed by V.S.

362-201-042-433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107065

[illegible] of Twin Falls

[illegible] Buhl

No. [illegible] St. Registration District No. 39 File No.

Hospital Primary Registration District No. 2087 Registered No.

FULL NAME OF CHILD Louise Lillian Cobb
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		yes	11 - 1 - 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this [illegible] including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Herbert Granger Cobb	FULL MAIDEN NAME	Susan Mae McCauley
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wht.	COLOR	Wht.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mass.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	H'swife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings M.D.

(Physician or midwife)

Address Buhl Ida

Filed NOV 30 1922 192 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at [illegible] a SEPARATE RETURN must be made for each and the number [illegible] each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 11/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS

* * * * * * * *

Place of Birth: City Filer

St. _____

County Twin Falls

File No. 107065

Date of Birth Nov. 1.

Sex of Child Female

Father Herbert S. Cobb Mother Susan McCauley

I HEREBY CERTIFY that the child herein has been named:

Louise Lillian Cobb.

Mrs. Susan Cobb.

Signature of Father or Mother.

AUG 2 1944

Cobb.

249-103-042-315

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC 3 1922 BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Buhl

No. ..... St. Registration District No. 39 File No. 107066

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Elmer Raymond Burkhalter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	11 3 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Fred Burkhalter	FULL MAIDEN NAME	Lucie Lang
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Switzerland.	BIRTHPLACE	Paris, France
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Kreclinsky
Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed NOV 30 1922 J. H. Murphey
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-105-042-263

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 31 File No. 107067

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Gustav Adolf Penne

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov 5 1927

FATHER		MOTHER	
FULL NAME	Constantine Penne	FULL MAIDEN NAME	Julia Erdman
RESIDENCE	Buhl. Ida	RESIDENCE	Buhl Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Esthonia
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Marsh

Physician
(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 7 1927

J. N. Murphy
Registrar

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 12/19 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: City Buhl

St. Idaho

County Twin-Falls

File No. 107067

Date of Birth 5/XI 1922

Sex of Child Male

Father Constantine Mother Julie

I HEREBY CERTIFY that the child herein has been named:

Gustav Adolf

Constantine Benne

Signature of Father or Mother.

NOV 4 1957

FEB 1 4 1986

JAN. 28 1947

693-205-042-693

PLACE OF BIRTH

RECEIVED DEC 5 192 BUREAU OF STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 107068

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Maxine Wilson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	11 5 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Earnest R. Baxter	FULL MAIDEN NAME	Faith Wilson
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Oklahoma	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed NOV 30 1922 192..

J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BAXTER

NAME CHANGE

Dup 06922-42337

845-111-042599

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 107069

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD DERALD DEAN HUNT

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes.	Nov. 11 1917

FATHER		MOTHER	
FULL NAME	Walter Hunt.	FULL MAIDEN NAME	Emma Enon
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Nebraska	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	37
		BIRTHPLACE	Illinois.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Marsh

Physician

(Physician or midwife)

Address Buhl, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-15 19 17 J. H. Marshall Registrar

MARGIN RESERVED FOR BINDING

ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California. } ss.
County of Riverside }

NOV 19 1942

Certificate No. 107069

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Unnamed Hunt (Name on original certificate) who born (Was born or died) on Nov. 11, 1922 (Date of event) in Buhl, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (Bible record, insurance policy, etc.) prepared on Nov. 17, 1942 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Hunt	Derald Dean Hunt

Subscribed and sworn to before me this 17 day of November, 1942.

Austin A. Howell

Notary Public, residing at Riverside, Calif.

My commission expires April 10, 1943

[SEAL]

Signed Walter D Hunt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4448 School St. Riverside, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California. } ss.
County of Riverside }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of November, 1942.

Austin A. Howell

Notary Public, residing at Riverside

My commission expires April 10, 1943

[SEAL]

Signed Mrs. W. D. Hunt
(Signature of any credible person other than the previous affiant.)

4448 School Street
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

NOV 21 1942

JUL 23 1975

254-112-042-762

~~PLACE OF~~ BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 107070

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Alvin Thomas Sedivy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	11 12 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank Sedivy	FULL MAIDEN NAME	Eva Goss
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Bohemia	BIRTHPLACE	utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:00 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Fric Clusky
Phys.
(Physician or midwife)

Give names added from a supplemental report.

..... 19...

.....
Registrar.

Address Buhl Ida

Filed NOV 30 1922 192.. J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/20/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls }

Certificate No. 107070
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)
for Alvin Thomas Sedivy (Name on original certificate) who was born (Was born or died) on Nov 12 - 1922 (Date of event)
in Buhl Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
	Alvin Sedivy	Alvin Thomas Sedivy

Subscribed and sworn to before me this 1 ✓ day of May, 1941
[signature]
Notary Public, residing at Buhl Ida.
My commission expires July 30 - 1944
[SEAL]

Signed Mrs Eva Sedivy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
R + Buhl Ida
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Twin Falls }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 ✓ day of May, 1941
[signature]
Notary Public, residing at Buhl Ida.
My commission expires July 30 - 1944
[SEAL]

Signed Mrs Blanche Lillibridge
(Signature of any credible person other than the previous affiant)
Buhl, Ida. Rt. 3
(Street Address, City, State)

by

913-112-042-851

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107071

County of Twin Falls

City of Buhl

No. ..... St. ..... Registration District No. 39 File No. .....

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Rudolph Jos. Zach Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	11-12-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Rudolph Zach	FULL MAIDEN NAME	Agnes Josephine Hejtmanek
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	wht. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	wht. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Bohemia	BIRTHPLACE	Okla.
OCCUPATION	Farmer	OCCUPATION	H'sewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings MD
(Physician or midwife)

Address Buhl, Ida.

Filed NOV 30 1922 192 J. H. Murphy Registrar.

Give names added from a supplemental report.

..... 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 11/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full names included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Burl

(St.

(County Twin Falls

File No. 107071

Date of Birth November 12th

Sex of Child Male

Father Rudolph Zack Mother Agnes Josephine Hefton

DEC. 3

I HEREBY CERTIFY that the child herein has been named:

Rudolph Jr. Zack Jr.

Rudolph Zack

Signature of Father or Mother.

an k

355-113.042-349

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 107072

Hospital ..... Primary Registration District No. 2081 Registered No. .....

FULL NAME OF CHILD EARL WILLIAM LEE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	11 13 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Steve Lee	FULL MAIDEN NAME Dora Turner
RESIDENCE Buhl	RESIDENCE Buhl
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Nebr.	BIRTHPLACE Idaho
OCCUPATION General Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. E. McClusky

Phys. (Physician or midwife)

Address Buhl Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed NOV 30 1922 J. N. Murphy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome }

Certificate No. L)&)&" 107072

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Earl William Lee (Birth or Death) for Earl William Lee (Name on Original Certificate) who 11-13-1922 (Was Born or Died) on 11-13-1922 (Date of Event) in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on 7-27-1942 (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Earl William Lee
Earl Wilbur Lee		Earl William Lee
11-13-1922		
	27	mother

Subscribed and sworn to before me this 27 day of July, 1942

William E. Comstock
Notary Public, residing at Jerome

My commission expires Probate Judge & Ex-Officio Clerk
(Seal)

Signed Mrs Dora Lucinda Lee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

General Delivery
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 21 1942

844-214.042-255

PLACE OF BIRTH

RECEIVED DEC 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Castleford

No. ..... St.

Registration District No. 39 File No. 107073

Hospital .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
4.		Yes.	Nov 14 1922

What bactericidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	R. L. Hudson	FULL MAIDEN NAME	Ora. Kendall.
RESIDENCE	Castleford.	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Ark.
OCCUPATION	Laborer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 P.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
~~Bo~~ M.D.
(Physician or midwife)

Address Buhl Ida.

Filed 11-16 1922 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-215-042-269

PLACE OF BIRTH

RECEIVED DEC 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107074

County of Twin Falls

City of Filer

No. ____ St.

Registration District No. 39 File No. ____

Hospital ____ Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Jennie Mae Darnell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	11 15 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	J. J. Darnell	FULL MAIDEN NAME	Alta Swisher
RESIDENCE	Filer R 1	RESIDENCE	Filer R 1
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. McClusky
Phys
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed NOV 30 1922, 192..

J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 0 1975

215-225-042-544

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 107075

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Shuley Sanderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		Yes	11-25-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Thomas Albert Sanderson	FULL MAIDEN NAME	Dorothy Bell Edmundson
RESIDENCE	Castleford, Ida.	RESIDENCE	Castleford, Id.
COLOR	Wht AGE AT LAST BIRTHDAY 32 (Years)	COLOR	Wht AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Colo.
OCCUPATION	Mail Carrier	OCCUPATION	Hsewfe.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings M.D.
(Physician or midwife)

Address Buhl, Ida.

Filed NOV 30 1922 192 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC PLACE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 11/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * * BUREAU OF VITAL STATISTICS.

Place of Birth (City Eastbeford

(St. Idaho

(County Twin Falls

File No. 107075

Date of Birth Nov. 25-1922

Sex of Child Female

Father I A Sanderson Mother Dorothy B. Sanderson

I HEREBY CERTIFY that the child herein has been named: Shirley

Mrs. I A. Sanderson.

Signature of Father or Mother.

JAN 23 1943

967-226-042-689

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 107076

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Inez Norene Rogers

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.			Yes	11-26-1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Bryan Earl Rogers	Nora Elbertha Whitaker
RESIDENCE	Buhl	Buhl
COLOR	Wht	Wht
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Ida.	Mo.
OCCUPATION	Rural Mail Carrier	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Geo. W. Jennings, M.D.

(Physician or midwife)

Address: Buhl, Ida.

Filed NOV 30 1922

J. H. Merpley Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1942

295-126-042-814

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of .....

City of ..... Registration District No. ..... File No. 1.07.077

No. ..... St. Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD James Harold King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov. 26 1927

FATHER		MOTHER	
FULL NAME	Isaac Harvey King	FULL MAIDEN NAME	Mona Hamby
RESIDENCE	Buhl Ida.	RESIDENCE	Buhl. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. A. Marsh

Physician

(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report.

.....19.....

Registrar

Filed .....19..... J. H. Murphy

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-128'042-651

PLACE OF BIRTH

RECEIVED
DEC 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 107078

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Norman Fred Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	11 28 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fred Miller	FULL MAIDEN NAME	Margie Weatherby
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Switzerland	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed NOV 31 1922 192..

J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 11/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth (City _____ File No. 107078

(St. _____ Date of Birth _____

(County _____ Sex of Child Male

Father _____ Mother _____

I HEREBY CERTIFY that the child herein has been named:

_____

_____

Signature of Father or Mother.

_____

FEB 1 1945

864-229-042-814

PLACE OF BIRTH

RECEIVED DEC 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 107079

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Alma Marie Houghtaling
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	11 29 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J. F. Houghtaling	FULL MAIDEN NAME	Bertha M Hampton
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mich	BIRTHPLACE	Iowa.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phys (Physician or midwife)

Address Buhl Idaho

Filed NOV 30 1922 192 J. H. Murphy Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/3/41 L. B.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 11/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Buhl

(St. R F D # 2

(County Twin Falls.

File No. 107079

Date of Birth Nov. 19th 1922.

Sex of Child Female

Father J.F. Houghtaling Mother Bertha M. Houghtaling

I HEREBY CERTIFY that the child herein has been named:

Alma Marie Houghtaling

J.F. Houghtaling

Signature of Father or Mother.

RECEIVED
1922

213-214-042-562

CHILD'S NAME AMENDED 05-12-04 NS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Buhl

No. ..... St.

Registration District No. 39 File No. 107080

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD ~~Marguerite~~ MARGARET Jane Kolusek.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
4.		Yes.	Aug. 14 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5.

FATHER		MOTHER	
FULL NAME	John Kalousek.	FULL MAIDEN NAME	Albina ~~Vall~~ Vokal.
RESIDENCE	Buhl.	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 44. (Years)	COLOR	W. AGE AT LAST BIRTHDAY [illegible] (Years)
BIRTHPLACE	Russia.	BIRTHPLACE	Russia.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that ~~I attended~~ no attending Physician the birth of this child, who was Born alive at 1.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
M.D.
(Physician or midwife)

Address Buhl Ida.

Filed 11-4 1922 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 24 1951

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } SS
County of Canyon

Certificate No. 22-107080
Date Filed December 5, 1922

The undersigned does solemnly swear that certain facts on the certificate of **birth** (Birth, Death, Marriage, etc.)

for **Margurette Jane Kalousek** (Name on Original Certificate) who **was born** (Was Born, Died, etc.) on **August 14, 1922** (Date of Event)

in **Buhl (Twin Falls Co.)** (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's first name	Margurette	Margaret

Subscribed and sworn to before me this 29th day of April 2004

Notary Public, June D Lopez

Residing at Meridian

My commission expires 10-19-04 (Seal)

JUNE D LOPEZ NOTARY PUBLIC STATE OF IDAHO

* Margaret Jane Cashman
Signature of Applicant

121 Donna Dr, Middleton Id 83644
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS
County of _____

(Must be completed ☐) _____
(Is not necessary ☒) _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____ (Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

04-23-2004

ID BIRTH CERTIFICATE 53-12663 FOR MARGARET KATHLEEN CASHMAN BORN OCTOBER 10, 1953 IN IDAHO FALLS (BONNEVILLE CO.) TO MARGARET JANE KALOUSEK. VIEWED BY VS

HOME FEDERAL ACCOUNT STATEMENT DATE 11-26-97 SHOWING MARGARET CASHMAN. VIEWED BY VS

231-203-042-363

PLACE OF BIRTH

RECEIVED DEC 11 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107081

County of Twin Falls

City of Hansen, No. ____ St.

Registration District No. 36 File No. ____

Hospital home Primary Registration District No. ____ Registered No. 53

FULL NAME OF CHILD Neva Ann Stanger
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Oct. 3, 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth: 4 Number of child of this mother now living, including present birth: 4

FATHER		MOTHER	
FULL NAME	James Albert Stanger	FULL MAIDEN NAME	Luella E. Cottle
RESIDENCE	Hansen, Idaho	RESIDENCE	Hansen, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:45 A. M. on the date above stated.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Oct 10, 1922 J. M. Davis
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-105-042-296

PLACE OF BIRTH

Amended 10/20/75

RECEIVED DEC 11 1972

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly, Idaho

No. ..... St. ..... Registration District No. 36 File No. 107082

Hospital home Primary Registration District No. ..... Registered No. 56

FULL NAME OF CHILD George Raymond Newman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Oct 5, 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Chriss Newman	FULL MAIDEN NAME	Hattie Brown
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Denmark	BIRTHPLACE	Colo.
OCCUPATION	painter	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct. 10, 1922 J. M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 11/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Kimberly

(St. _____

(County Twin Falls

File No. 107082

Date of Birth October 5th 1922

Sex of Child Male

Father Christian Neumann Mother Hattie Neumann

RECEIVED
NOV 1922
BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY that the child herein has been named:

George Raymond Neumann

Mrs Hattie Neumann

Signature of Father or Mother.

3/13/41 Z.J.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS OCT 8 12 05 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107082

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for George Raymond Newmann (Name on Original Certificate) who was born (Was Born or Died) on Oct. 5, 1922 (Date of Event) in Kimberly, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Newmann	Newman
Father's Full Name	Chriss Newmann	Christian Newman

Subscribed and sworn to before me this 27th day of Sept., 1975

Notary Public, residing at Overton, Nevada

My commission expires Aug. 4, 1977

(Seal)

SHIRLEY L. MARSHALL
Notary Public - State of Nevada
COUNTY OF CLARK
My Commission Expires Aug. 4, 1977

Signed x Christian Newman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 207 Overton, Nevada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Clark }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of September, 1975

Betty R. Perkins

Notary Public, residing at Overton, Nevada

My commission expires Nov. 10, 1976

(Seal)

Signed x Richard J. May
(Signature of Any Credible Person)

Box 591 Overton, Nev. 89040
(Street Address, City, State)

FORM DH 60-155 CL 9-25-62. nm

Social Security card for Christian Newman. (518-76-4834) viewed by V. S.

OCT 20 197

Marriage license from Idaho gives name as George-Raymond Newman and Dora Lilliam Davis. dated Sept. 27, 1953. viewed by V. S.

Certificate of Baptism and Confirmation from the LDS Church gives name as George Raymond Newman son of Christian J. Newman and Hattie Olive Brown. Oct. 5, 1922 at Kimberly, Idaho. Baptized May 28, 1964. viewed by V. S.

799-206-042-552

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECE[illegible]
DEC 11 [illegible]
BUR[illegible]

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Registration District No. 36 File No. 107083

Hospital home

Primary Registration District No. ....., Registered No. 57

FULL NAME OF CHILD Betty Jean Grimes
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Oct. 6 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Marvin L. Grimes	FULL MAIDEN NAME	Ola Ensley
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ark.	BIRTHPLACE	Georgia
OCCUPATION	farmer	OCCUPATION	HW.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Oct. 10 1922 J. N. Davis
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho 11/18 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

RECEIVED
DEC 21 1922
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { City Twin Falls

St. _____

County Twin Falls

File No. 107083

Date of Birth Oct. 6. 1922

Sex of Child Female

Father W. H. Grimes Mother Ola Grimes

I HEREBY CERTIFY that the child herein has been named:

Betty Jean Grimes

Mrs. Ola Grimes

Signature of Father or Mother.

295-111-092-143

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 11 1922

CERTIFICATE OF BIRTH

County of Twin Falls

City of Rock Creek

No. ____ St.

Registration District No. 36

File No. 107084

Hospital home

Primary Registration District No. ____

Registered No. 58

FULL NAME OF CHILD James Ray Kincaid
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	and		yes	Oct 11 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	John Robey Kincaid	FULL MAIDEN NAME	Normie Ardella Buckworth
RESIDENCE	Rock Creek, Idaho	RESIDENCE	Rock Creek, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	N.Car,	BIRTHPLACE	N.Car.
OCCUPATION	farmer	OCCUPATION	HW.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J M Davis

Physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Nov. 20, 1922 J M Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-125-042-795

PLACE OF BIRTH

RECEIVED DEC 11 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107085

County of Twin Falls

City of Kimberly, Idaho

No. ____ St. ____ Registration District No. 36 File No. ____

Hospital home Primary Registration District No. ____ Registered No. 5-9

FULL NAME OF CHILD Levis Dale Butler

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Nov. 25, 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Orin S.Butler	FULL MAIDEN NAME: Connie Bell Presnell
RESIDENCE: Kimberly, Idaho	RESIDENCE: Kimberly, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Mo	BIRTHPLACE: N.Car.
OCCUPATION: farmer	OCCUPATION: HW.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address kimberly, Idaho

Filed Nov. 30, 1922 J. M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 30 1942

DECLASSIFIED

814-128-042-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital home

Registration District No. 36

Primary Registration District No. .....

File No. 107086

Registered No. 60

FULL NAME OF CHILD CHARLIE MOSES YADON
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Nov. 28 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Frank E. Yadon	FULL MAIDEN NAME	Harriett Williams
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	" W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Mo.	BIRTHPLACE	Okla.
OCCUPATION	farmer	OCCUPATION	HW.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Nov 30 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19 ...

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 107086

State of Idaho } ss.
County of Twin Falls }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Charley Moses Yadon (Name on Original Certificate) who Was Born ~~or Died~~ on Nov 28 - 1922 (Date of Event)
in Kimberly Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record yes, Insurance Policy yes, Etc. prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Charley	Charlie Moses Yadon

Subscribed and sworn to before me this 5th day of October, 1942

J. M. Blandford

Notary Public, residing at Twin Falls, Idaho

My commission expires Sept 10, 1945

(Seal)

Signed Frank E. Yadon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kimberly Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of October, 1942

J. M. Blandford

Notary Public, residing at Twin Falls, Ida

My commission expires Sept 10/45

(Seal)

Signed x Rev. Ellis Scism
(Signature of Any Credible Person Other Than Previous Year)

x 320 - 5th Ave. Twin Falls, Ida.
(Street Address, City, State)

APR 3 1984

OCT 1 ? 19?

PLACE O[redacted]

253-230-[redacted]-613

County of Jerome

City of Eden

No. ..... St.

Hospital home

RECEIVED
DEC 11 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107087

Registration District No. 36 File No. .....

Primary Registration District No. ..... Registered No. 61

FULL NAME OF CHILD Mabel Louise Kelly
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Nov. 30 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

	FATHER		MOTHER
FULL NAME	Carl Kelly	FULL MAIDEN NAME	Mae Waller
RESIDENCE	Eden, Idaho	RESIDENCE	Eden, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Okla	BIRTHPLACE	Okla
OCCUPATION	farmer	OCCUPATION	HW.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Nov 30 1922 J. N. Davis
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1959

213-211-
043-498

PLACE OF BIRTH [redacted]

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

County of Valley
City of Norwood
No. ..... St.
Hospital .....
Registration District No. .....
File No. 107088
Primary Registration District No. .....
Registered No. .....

FULL NAME OF CHILD Marion Balch

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth second | Legitimate? yes | Date of Birth August 11 1922 (Month) (Day) (Year)
(To be answered only in event of plural births)

FATHER

FULL NAME Earl Boyd Balch
RESIDENCE Norwood
COLOR W
AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Illinois
OCCUPATION Merchant
WHAT BACTERICIDAL SOLUTION WAS USED IN EYE

MOTHER

FULL MAIDEN NAME Rebecca Rosalia Dryden
RESIDENCE Norwood
COLOR W
AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Nebraska
OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at one A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J. L. McFall
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar.

Address .....

Filed Nov 18 1922 Stella Cain Deputy
Registrar.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 11/18

Dear Madam:

The name of your baby was not filed in on the birth c
ficate sent to this office. It is of vital importance to have the
name included in the record. Kindly fill in the information reques
in the blank below and return this sheet at your earliest convenien
in the enclosed self-addressed envelope.

BUREAU OF VITAL STAT

* * * * * * * * *

Place of Birth (City Norwood

(St. _____

(County Valley

File No. 107088

Date of Birth Aug. 11, 1

Sex of Child Female

Father Earl B. Balch Mother Rosalie Dryden

I HEREBY CERTIFY that the child herein has been named:

Marion Balch

Mrs Rosalie Balch

Signature of Father or M

[redacted]

JUN 26 1942

1922.

erti-
full
ted
ce,

ISTICS.

922

Balch

.

other.

133-204-043-432

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

County of Valley

City of Cascade

No. ..... Registration District No. 15 File No. 107089

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Harriett Adeline Allen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fm		yes	10 4 1922

What bactericidal solution was used in eyes? Ag no3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J L Allen	FULL MAIDEN NAME	Harriett McKinley
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ills	BIRTHPLACE	N M
OCCUPATION	Contractor	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G Shoggle

[signature]
(Physician or midwife)

Address Cascade Ida

Filed Nov 1922 Stella Caine Dep Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-109-043-169

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of

No. St.

Hospital

Registration District No. 15 File No. 107090

Primary Registration District No. Registered No.

FULL NAME OF CHILD Clayton Howard Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	10-19-1922

What bactericidal solution was used in eyes? Ag Nos

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jno Williams	FULL MAIDEN NAME	Ethel Jordan
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Penn	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 - P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G Thoggle

Phys
(Physician or midwife)

Address Cascade Ida

Filed 11/1922 Stella Cain Dep Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 2 942

DECEASED

532-216-043-315

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of Cascade

No. ..... St.

Registration District No. 15 File No. 107091

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Dorothy Elizabeth Ecker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fm	(To be answered only in event of plural births)	yes	10-16-1922

What bactericidal solution was used in eyes? agno3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	L. Ecker	FULL MAIDEN NAME	Beatrice Lane
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	U.S.	BIRTHPLACE	Canada
OCCUPATION	Musician	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12-35 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature]
(Physician or midwife)

Address Cascade Ida

Filed 11 1922 Stella Cain Dupy Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25 1966

296-105-043-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of Cascade

No. ..... St.

Registration District No. 15 File No. 107092

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD William Rudolph Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 5 1922

What bactericidal solution was used in eyes? 1% Solution of Silver Nitrate

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	William Rudolph Brown	FULL MAIDEN NAME	Natalie Teresa Fillmore
RESIDENCE	Cascade, Idaho	RESIDENCE	Cascade, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho.
OCCUPATION	Laborer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at** 8:30 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) John F. Rutledge
(Physician or midwife)

Address Cascade, Idaho

Filed 11- 1922 Stella Cann Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1942

APR 1 1966

897-409-043-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____ St.

Registration District No. 15 File No. 107093

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Horace Morton Higgins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	10-9-1922

What bactericidal solution was used in eyes? Ag Nos

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jno Higgins	FULL MAIDEN NAME	Marian Berglow
RESIDENCE	Cabarton	RESIDENCE	Cabarton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ida	BIRTHPLACE	N.Y.
OCCUPATION	Mechanic	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Hoggle
Phys
(Physician or midwife)

Address Cascade Ida

Filed 11-18 1922 Stella Cain
Dpy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN [illegible]

FEB 21 1952

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

249-124-043-312 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of McCall

Registration District No. 15 File No. 107094

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Lloyd David~~ ROBERT LESLIE Burns

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct 24 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wallace S. Burns	FULL MAIDEN NAME	Leila Castro
RESIDENCE	McCall	RESIDENCE	McCall
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Nevada
OCCUPATION	L	OCCUPATION	

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES?

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9:45 P M. the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J L McFall

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed 11— 1922 Stella Cain Depy Registrar.

AUG 6 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. OCT 9 - 1942 Certificate No. 107094

County of Lake } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Lloyd David Burns (Name on Original Certificate) who was born (Was Born or Died) on Oct 24 - 1922 (Date of Event)

in McCall Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ~~Birth~~ Record Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Lloyd David Burns	~~Robert Lalie~~ Leslie Burns

Subscribed and sworn to before me this 6th day of Oct, 1942

H M Nolte

Notary Public, residing at Lakeview Ore

My commission expires Mar 3-1943

(Seal)

Signed Mrs E. G. Canady Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lakeview Ore

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Lake }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 6th day of Oct, 1942

H M Nolte

Notary Public, residing at Lakeview Ore

My commission expires Mar 3-1943

(Seal)

Signed Mrs G. Pieruccini

(Signature of Any Credible Person Other Than Previous Year)

Lakeview Ore

(Street Address, City, State)

FEB 26 1982

OCT 12

JUN 21 1983

842-116-043-619

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

County of Valley

City of McCall

No. ..... St.

Hospital .....

Registration District No. 15 File No. 107095

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Orval Hartley Hubbard

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct 16 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orval Hartley Hubbard	FULL MAIDEN NAME	Mary Alice Ware
RESIDENCE	McCall	RESIDENCE	McCall
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	

WHAT BACTERIOIDAL SOLUTION WAS USED IN EYES

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6.45 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J. L. McFall

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed 11 — 1922 Stella Cain Depy. Registrar.

DEC 1 0 1941

769-124 043-322

PLACE OF BIRTH

RECEIVED

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of McCall

No. ..... St.

Registration District No. 15 File No. 10709.6

Hospital .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Vernon Eugene Points

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			yes	Oct	24	22

FATHER		MOTHER	
FULL NAME	Milton Lenoir Points	FULL MAIDEN NAME	Sarina Tikkanen
RESIDENCE	McCall	RESIDENCE	McCall
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Michigan
OCCUPATION		OCCUPATION	

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES?

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J L McFarland
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar.

Address .....

Filed Nov 20 1922 Della Cain Deputy Registrar.

177-229-043-55

PLACE OF BIRTH

Form V. S. No. 11—20m-1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
VITAL

CERTIFICATE OF BIRTH

107097

County of Valley

City of

No. St.

Registration District No. 15 File No.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Lorine Fay Apple

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	and	2	yes	July 29 22

FATHER		MOTHER	
FULL NAME	Herbert Kent Apple	FULL MAIDEN NAME	Mary Emeline Van Horsen
RESIDENCE	Near Donnelly	RESIDENCE	
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES?

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 11 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J. L. McFall

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed 1922

Deputy Registrar.

Dup of 1922 - 298/136

413-117-043-659

amended 6-19-62

(Be sure the information is complete and accurate)

State File No. 107098

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No. 15

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Valley	a. STATE: Idaho b. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Morris		Matthews

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	July 17, 1922

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	John		Matthews	white

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
33 YEARS	Missouri	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Stella		Ferguson	white

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
30 YEARS	Missouri	6		

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

	18a. SIGNATURE	18b. ATTENDANT AT BIRTH
I hereby certify that this child was born alive on the date stated above.	G.E. Noggle	M. D. [X] MIDWIFE [ ] OTHER (Specify)
	18c. ADDRESS: Cascade, Idaho	18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
	Stella Cain	

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by n cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Own Child's Birth Cert. on file: (Idaho Birth) #412553 gives father's birthplace as Cascade, Idaho - viewed by V.S.

Another childs birth certificate gives fathers name as John M. Matthews. Dated February 18, 1927. File #14918.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107098

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Morris Matthews (Name on Original Certificate) who was born (Was Born or Died) on Aug. 17, 1922 (Date of Event) in Valley County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	Aug. 17, 1922	July 17, 1922
Child's Place of Birth	Not Given	Cascade, Idaho

Subscribed and sworn to before me this 9th day of Dec, 1961

Notary Public, residing at New Meadows Idaho
My commission expires Jan 20-1965
(Seal)

Signed Stella I Matthews
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 10-2-61. [illegible] #6272

Own childs birth certificate gives place of birth of father as Cascade, Idaho. Dated January 14, 1943. File # 366591.

Designation, Change, Or Revocation of Beneficiary dated October 5, 1942. gives date of birth as July 17, 1922. Viewed by V.S.

Employment application dated July 12, 1955. Gives date of birth as July 17, 1922. Viewed by V.S.

Statement regarding Selective Service Registration gives date of birth as July 17, 1923 and place of birth as Cascade, Idaho. Dated June 30, 1942. Viewed by V.S. Since it is the month of birth we are correcting we accepted this document even though the year does not correspond.

417-110-043-655

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of

No. St.

Registration District No. 15

File No. 107099

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Wallace J. Magee, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	8 10 1922

What bactericidal solution was used in eyes? Ag nos

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wallace J. Magee	FULL MAIDEN NAME	Thelma Fenwick
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Neb.	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Shoggle

Phys
(Physician or midwife)

Address Cascade Ida

Give names added from a supplemental report.

....., 19....

Registrar.

Filed Nov. 18 1922 Stella Cain Dep. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1942

395-120-043-414

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of

No. St.

Registration District No. 15 File No. 107100

Hospital

Primary Registration District No. Registered No.

FULL NAME OF CHILD Chas. J. Fincher
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	8 20 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Chas Fincher	FULL MAIDEN NAME	Jennie Macumpaa
RESIDENCE	Donnelly	RESIDENCE	Donnelly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ida	BIRTHPLACE	Vry.
OCCUPATION	Farmer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Thoggle
Phys.
(Physician or midwife)

Address Cascade Ida

Filed Nov 1922 Stella Cain Depy Registrar.

Give names added from a supplemental report.

, 19

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME CHANGE

FINCHER

Def of 22-328468

253-124-043-893

PLACE OF BIRTH

RECEIVED NOV 18 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of

No. St.

Registration District No. 15 File No. 107101

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD ROBERT HILL KELLY

(Certificate of no value without full name of child.)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	8 24th 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth

Number of child of this mother now living, including present birth

	FATHER	MOTHER
FULL NAME	Robt Kelly	FULL MAIDEN NAME Regina Hill
RESIDENCE	Cabarton	RESIDENCE Cascade Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE Illinois
OCCUPATION	Sawyer Contractor	OCCUPATION Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a M. on the date above stated.

(Signature) [illegible]

(Physician or midwife)

Address Cascade Idaho

Filed NOV 1922 [illegible] Deputy Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19....

..... Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of UNITED STATES OF AMERICA
County of TERRITORY OF ALASKA } ss.

Certificate No. 107101

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Robert Hill Kelly (Name on Original Certificate) who born (Was Born or Died) on August 24, 1922 (Date of Event)
in Cascade, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Kelley	Kelly
Name	Unnamed	Robert Hill Kelly

Subscribed and sworn to before me this 16th
day of July, 1942.

June Brown
Notary Public, residing at Fairbanks, Alaska
My commission expires October 19, 1943.
(Seal)

Signed Minnie Hill Kelly.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(parent)
Fairbanks, Alaska
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UNITED STATES OF AMERICA
County of TERRITORY OF ALASKA } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of July, 1942.

June Brown
Notary Public, residing at Fairbanks, Alaska
My commission expires Oct. 19, 1943.
(Seal)

Signed Robert C Kelly.
(Signature of Any Credible Person Other Than Previous Year)
(father)
Fairbanks, Alaska
(Street Address, City, State)

JUL 21 1942

JUL 2 2 1942

DEC 15 1952

SEP 9 1968

469-2131043-763

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of Cascade

No. ..... St. Registration District No. 15 File No. 107102

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Jewell May Morris
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fm		yes	8-13-1922

What bactericidal solution was used in eyes? A g no.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Glenn Morris	FULL MAIDEN NAME	May Patterson
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ill	BIRTHPLACE	N C
OCCUPATION	Drayman	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G Shoggle

Phy
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Cascade Ida

Filed Nov 1922 Stella Cain Depy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1942

523-204-043-619

PLACE OF BIRTH

RECEIVED
NOV 18 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Ada

City of Roseberry

No. ..... St.

Hospital at home

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107103

Registration District No. 15

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Gladys Muriel Estill

(Certificate of no value without full name of child.)

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes. | Date of birth (Month) Aug. (Day) 24 (Year) 1922

What bacteriocidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER

FULL NAME Henry Herman Estill

RESIDENCE Roseberry

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Mos.

OCCUPATION Engineer

MOTHER

FULL MAIDEN NAME Lillian May Ward

RESIDENCE Roseberry

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Boise Idaho

OCCUPATION House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3-30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) .....

Mrs. M. R. Loomis

(Physician or midwife) nurse

Address Donnelly

Filed Nov 1922 Stella Crim Duffy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 12 1944

719-130-043-236

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of 5 miles east of Cabarton

No. ..... St.

Registration District No. 15

File No. 107104

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Mark Clinton Parks

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept. 30 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate Solution

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Mark Corbitt Parks	FULL MAIDEN NAME	Ethel Melinda Ellen Story
RESIDENCE	Cabarton, Idaho	RESIDENCE	Cabarton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Rutledge M.D.

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed 1922

Stella Cain
Dep'y Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1959

613-118-043-396

PLACE OF BIRTH

RECEIVED NOV 1 1927 BUREAU STATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of

No. St.

Hospital

Registration District No. 15 File No. 107105

Primary Registration District No. Registered No.

FULL NAME OF CHILD Donald Ray Falls
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	7 18 1922

What bactericidal solution was used in eyes? agno

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Jas Falls	FULL MAIDEN NAME	Lillian Coombs
RESIDENCE	Caborton	RESIDENCE	Caborton
COLOR	white AGE AT LAST BIRTHDAY 36 (Years)	COLOR	white AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Laborer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Hoggle
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Cascade Ida

Filed 192 Stella Cain Dipy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form 1-1-18

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86

Primary Registration District No. 2112

File No. 107106

Registered No. 37

FULL NAME OF CHILD Letha Lenora Hagans

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth March (Month) 29 (Day) 1922 (Year)

FATHER

FULL NAME Samuel Harrison Hagans

RESIDENCE Weiser Ida

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Kirksville, Mo.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Agnus Albertina Walton

RESIDENCE Weiser Ida

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Weiser, Ida

OCCUPATION Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. C. Hiatt M.D.

(Physician or midwife)

Address Weiser, Idaho

Filed Nov 25 1922 W. R. Hamilton Registrar

S-Y CO. 24685

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington
City of Weiser
No. ____ St.
Hospital ____

Registration District No. 16 File No. 107107
Primary Registration District No. 2112 Registered No. 36.

FULL NAME OF CHILD Merlin Nielson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 27 1922

What baotericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Frances Nielson	FULL MAIDEN NAME	Martha Cahoon
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse
Physician
(Physician or midwife)
Address Weiser Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov 1st 1922 Dr K Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-215-044-769 CHILD'S NAME ADDED & DOB AMENDED 9-28-1942

107104

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. 107108

Primary Registration District No. 2112 Registered No. 35

FULL NAME OF CHILD SARAH WILDE
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	10-15-1922

What bactericidal solution was used in eyes? Ag No 3 1 90 sol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Leo Julius Wilde	FULL MAIDEN NAME	Olive Porter
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Brigham Utah	BIRTHPLACE	Ontario Ore.
OCCUPATION		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Funney
Physician
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

.....
Registrar.

Address .....

Filed Nov 1st 1922 W R Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1942

NOV 18 2008

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 107108

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Sarah Wilde
birthdate	Oct. 16, 1922	Oct. 15, 1922

Subscribed and sworn to before me this 28th day of Sept, 1942

Signed X Mrs Ollie Wilde Fields

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Riverside Calif

My commission expires April 17-1946 (Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Signed _____ (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

(Street Address, City, State)

My commission expires _____ (Seal)

OCT 1 1942

19 1957

296-212-044-469

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Washington

City of Weiser

No. 953 W. 3rd St.

Hospital

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86

File No. 107109

Primary Registration District No. 1010

Registered No. 34

FULL NAME OF CHILD Ruth Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	Twin		Two	yes	Oct 12 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Clyde J Brown	FULL MAIDEN NAME	Fannie Morgan
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Real Estate Dealer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Walenhouse
Physician
(Physician or midwife)

Address Weiser Idaho

Filed Nov 1st 1922 W K Hamilton
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-112-044-469

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 95 3 W. 3rd St.

Hospital

NOV 10 1922
BUREAU OF VITAL STATISTICS

Registration District No. 86

File No. 107110

Primary Registration District No. 1010

Registered No. 33

FULL NAME OF CHILD Boy Brown

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twins	One	yes	Oct 12 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME	Clyde J. Brown	Fannie Morgan
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	36
BIRTHPLACE	Utah	Utah
OCCUPATION	Real Estate Dealer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7.05 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse

Physician

(Physician or midwife)

Address Weiser Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Nov 6th 1922 W H Hamilton

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7|18|41

JAN 11 1956

615-112-044-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St. ..... Registration District No. 86 File No. 107111

Hospital ..... Primary Registration District No. 2112 Registered No. 32

RECEIVED NOV 1 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD John Jerome Waverick Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	10-12 1922

What bactericidal solution was used in eyes? Ag No 3 1% sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Jerome Waverick	FULL MAIDEN NAME	Gladys A. Colvig
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Readling Bicum Bohemia	BIRTHPLACE	Grants Pass Ore.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed Nov 1st 1922 W R Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 9 1975

719-202-044-697

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF VITAL STATISTICS

DEPA[redacted] WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ____ St.

Registration District No. 86

File No. 107112

Hospital ____

Primary Registration District No. 1010

Registered No. 30

FULL NAME OF CHILD Mabel Paradise

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	10 - 2 1922

What bactericidal solution was used in eyes? Arg. Nit. 1%

Number of child of this mother, including present birth 1

Number of child of this mother now living, including present birth 1

FATHER

FULL NAME: Charles M. Paradis

RESIDENCE: Weiser Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Pullman Washington

OCCUPATION: Tax Collector

MOTHER

FULL MAIDEN NAME: Bertha Wiggins

RESIDENCE: Weiser Ida

COLOR: White

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Midvale Ida

OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

Filed Nov 1st 1922 W. R. Hamilton

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-126-0464-41

PLACE OF BIRTH

RECEIVED
NUV 18 1922
BUREAU OF
Registration
STATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington
City of Weiser Ida
No. ..... St.
Registration District No. 86
File No. 107113
Hospital
Primary Registration District No. 1010
Registered No. 28

FULL NAME OF CHILD Walter Tulbert Lamb jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	9-26-1922

What bactericidal solution was used in eyes? Ag No 3 1% sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Walter Tulbert Lamb	FULL MAIDEN NAME	Lottie Averd Adams
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Petersburg Ind	BIRTHPLACE	Fort Worth Texas
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct 4th 1922 W. K. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 5 1950

691-12 A 044-962

PLACE OF BIRTH

RECEIVED
NOV 15 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ____ St.

Hospital ____

Registration District No. 86 File No. 107114

Primary Registration District No. 2112 Registered No. 27

FULL NAME OF CHILD Thomas Franke
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	9-24-1922

What bactericidal solution was used in eyes? Ag No3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James Edward Franke	FULL MAIDEN NAME	Agnes Irene Rose
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Waitsburg Washington	BIRTHPLACE	Shawnee Okla.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Ernest O. Finney

Physician
(Physician or midwife)

Address ____

Filed Oct 1st 1922 W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 107114

State of Idaho } ss.
County of Ada

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Frank (Name on original certificate) who Born (Was born or died) on Sept 2, 1922 (Date of event)
in Horse, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (Bible record, insurance policy, etc.) prepared on Nov. 10 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Frank	Thomas Frank

Subscribed and sworn to before me this 10th
day of November, 1941
Marion E Orr
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
[SEAL]

Signed Agnes Irene Mitchell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

791-224-0446-553

PLACE OF BIRTH

RECEIVED NOV 1 BUR...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. 107115

Primary Registration District No. 1010 Registered No. 26

FULL NAME OF CHILD Frances Olive Grant
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	9-24 1922

What bactericidal solution was used in eyes? Ag. No. 3 1% sol.

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	Charles Henry Grant	FULL MAIDEN NAME	Sarah Amey Nelson
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Oxford Idaho.	BIRTHPLACE	Salem Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11.10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct 1st 1922 W K Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1957

Cert 3-117-044-291

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

Registration District No. 56 File No. 107116

Primary Registration District No. 2112 Registered No. 25

FULL NAME OF CHILD Sidney Marshall Waldrop

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
male			yes	9	13	1922

What bactericidal solution was used in eyes? Arg. Nos. 1% sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Thomas Waldrop	FULL MAIDEN NAME	Stella Loraine Bragg
RESIDENCE	Eaton Ida.	RESIDENCE	Eaton Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Weiser Idaho	BIRTHPLACE	Ponca City Oklahoma
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:23 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest A. Finney

Physician

(Physician or midwife)

Address _____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Oct 1st 1922 W. B. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 0 1942

SEP 9 1942

MAR 27 1969

MAY 14 1969

235-105-044-655

PLACE OF BIRTH

RECEIVED NOV 18 1922 BUREAU OF STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107117

County of Washington

City of Weiser

No. 6th & E. Conn St.

Registration District No. 86 File No. 24

Hospital Morehead Primary Registration District No. 1010 Registered No.

FULL NAME OF CHILD Marion William Steele
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
male	Twin	2	yes	Sept 5 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Joseph H. Steele	FULL MAIDEN NAME	Nellie Weisner
RESIDENCE	Lime Ore	RESIDENCE	Lime Ore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Colo	BIRTHPLACE	Kans
OCCUPATION	foreman Lime Kiln	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse
Physician
(Physician or midwife)

Address Weiser Ida

Filed Oct 1st 1922 W R Hamilton
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25 1945

235-205-044-655

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 6th & E. Com. St.

Hospital Morehead

Registration District No. 86 File No. 107118

Primary Registration District No. 1010 Registered No. 23

FULL NAME OF CHILD Mary Belle Steele
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	Twins		1	yes	Sept 5 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? boric acid

Number of child of this mother including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Joseph H Steele	FULL MAIDEN NAME	Nellie Weesner
RESIDENCE	Lime Ore	RESIDENCE	Lime Ore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Kans
OCCUPATION	Foreman Lime Kiln	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse
Physician
(Physician or midwife)

Address Weiser Idaho

Filed Oct 1st 1922 W R Hamilton
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25 1945

413-119-046-469

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 15 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. R F D No 2 St.

Hospital

Registration District No. 86 File No. 107119

Primary Registration District No. 2112 Registered No. 22

FULL NAME OF CHILD CAROL BLAKE MATTHEWS
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 19 1922

What bacterieidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William D. Matthews	FULL MAIDEN NAME	Lecta Morgan
RESIDENCE	Weiser Ida R F D No 2	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Oregon
OCCUPATION	R R Conductor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.15 a M. on the date above stated.

(Signature) W. R. Hamilton - MD

(Physician or midwife)

Address

Filed 11/27 1922 W. R. Hamilton Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF ~~BIRTH~~ OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 107119

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of X (BIRTH ~~OR DEATH~~)
for Carol Blake Matthews (NAME ON ORIGINAL CERTIFICATE) who ✓ (~~WAS~~ BORN ~~OR DIED~~) on 9-19-1922 (DATE OF EVENT)
in Weiser (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Dr's Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Matthews	Carol Blake Matthews

Subscribed and sworn to before me this 5
day of Feb., 1942

A. D. Green

Notary Public, residing at Boise

My commission expires 12/13/42
(SEAL)

Signed X Lelah Matthews
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2912 N. Pennsylvania Boise, Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

893-228'046-437

PLACE OF BIRTH

RECEIVED
NOV 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 107120

County of Washington
City of Weiser
No. 244 E. Commercial St.
Hospital
Registration District No. 86
Primary Registration District No. 1010
Registered No. 36

FULL NAME OF CHILD Annis Alice Hitsman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Oct 28 1922

What bactericidal solution was used in eyes? Mild Silver 10% Sol

Number of child of this mother, including present birth 2 — Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	J. M. Hitsman	FULL MAIDEN NAME Alice McGrew
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	25
BIRTHPLACE	California	Idaho.
OCCUPATION	Shipping Clerk,	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.30 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Dr. R. Hamilton M.D.
(Physician or midwife)

Address

Filed Nov 1st 1922 Dr. R. Hamilton
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1974

854208 · 044-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107121

County of Washington

City of Weiser

RECEIVED NOV 15 1922 BUREAU OF VITAL STATISTICS

Registration District No. 86

No. ..... St.

File No. .....

Hospital .....

Primary Registration District No. 2112

Registered No. 31

FULL NAME OF CHILD Shirley B. Hemenway

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Oct 8 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fred Hemenway Jr	FULL MAIDEN NAME	Grace Beckwith
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Weiser Idaho	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Romaine, at 10 35 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Valentine

Physician

(Physician or midwife)

Address Weiser Idaho

Filed Nov 4 1922 W. R. Hamilton

Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1942

391-201-044-713

PLACE OF BIRTH

[redacted]ELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. 107122

Primary Registration District No. 1010 Registered No. 21

FULL NAME OF CHILD Maxine Loraine Crane

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Oct (Day) 1st (Year) 1922
Female			

What bactericidal solution was used in eyes? Neo Silvol 10% Sol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chester Crane	FULL MAIDEN NAME	Nettie Packer
RESIDENCE	Crystal Idaho	RESIDENCE	Crystal Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.55 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Nov 1st 1922 W R Hamilton

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DUP OF 1922 - 367213

2 hand writing Craven

132-128-001-193

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-31-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JAN 6 1923 BUREAU OF VITAL STATISTICS

107132

County of Ada

City of Boise Registration District No. 2 File No.

No. St.

Hospital St. Luke's Primary Registration District No. 1004 Registered No. 5 15

FULL NAME OF CHILD Chester Jay Alban

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy				yes	Nov. 28 1922

FATHER

FULL NAME Ray William Alban

RESIDENCE Pine, Idaho.

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Marcus, Washington

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Delma Ruth Archibald

RESIDENCE Pine, Idaho.

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Vernon, British Columbia

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9.45 A M. on the date above stated.

(Signature) W. L. Shaw

(Physician or midwife)

Address Boise 515 Overland Bldg

Filed Dec 30 1922 P. A. Craft Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-529-001-168

PLACE OF BIRTH

RECEIVED JAN 6 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107133

County of Ada
City of Boise
No. ——— St.
Hospital St. Luke's

Registration District No. 2
Primary Registration District No. 1004
File No.
Registered No.

FULL NAME OF CHILD Carolyn Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Nov. 29 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Fowler Smith	FULL MAIDEN NAME	Mary Andrea Johnson
RESIDENCE	506 Pueblo St., Boise, Idaho	RESIDENCE	506 Pueblo St, Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas	BIRTHPLACE	Sweden
OCCUPATION	Music teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 55 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Braxton M.D.
(Physician or midwife)

Address Boise, Idaho

Filed Dec 29 1922 R. M. Craft
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-8-41

719-203-001-532

Amended 1-22-73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 107134
Local Reg. No. 527
Reg. Dist. No. 2

1. PLACE OF BIRTH

a. COUNTY: ADA

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: BOISE

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: IDAHO b. COUNTY: ADA

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: BOISE

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Mary b. (Middle): Frances c. (Last): Garechana

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): December 3 1922

FATHER OF CHILD

7. FULL NAME

a. (First): John b. (Middle): c. (Last): Garechana

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Spain

10. USUAL OCCUPATION: Fish Market Prop.

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Margurite b. (Middle): c. (Last): Eckert

13. AGE (At time of this birth): 16 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Oregon

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: M. Allen Callaway

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Boise, Idaho

20. DATE SIGNED: December 29,1922

21. DATE REC'D BY LOCAL REG.: Dec.29,1922

22. REGISTRAR'S SIGNATURE: R. H. Pratt

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES NO DATE

BLACK Record typewriter ribbon in completing this certificate. This certificate must be filed in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ON OF VITAL STATISTICS, BOISE, IDAHO.

ACK INK o
HISTRAR in
ice to DIVIS

Was a standard serological test for syphilis performed? YES _____ NO _____ APPROXIMATE DATE _____

LENGTH OF PREGNANCY _____ WEEKS	WEIGHT AT BIRTH _____ LBS. _____ OZS.	
RACE OR COLOR OF FATHER White	RACE OR COLOR OF MOTHER White	Was 1% Silver Nitrate Used to prevent blindness?

1-19-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JAN 22 10 53 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107134

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Francis Mary Garachana (Name on Original Certificate) who was born (Was Born or Died) on Dec. 3, 1922 (Date of Event)
in Boise, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Francis Mary Garachana	Mary Frances Garechana
Father's name	John Garachana	John Garechana

Subscribed and sworn to before me this 19th day of January, 19 73

Florence Cartright

Notary Public, residing at Boise

My commission expires 1-24-76

(Seal)

Signed C W Foley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2801 Warm Springs
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with state of Idaho, # 374525 gives maiden name of mother as Mary Frances Garechana. Child born June 30, 1940.
Viewed by V.S.

Marriage License issued to Charles William Foley of Boise and Mary Frances Garechana of boise gives name correctly. Married July 5, 1939 Boise County, Idaho.
Viewed by V.S.

General Power of Attorney gives name of father as John B. Garechana of Boise, Idaho Appoints Mary Frances Foley of Boise as such. Gad Dated June 2, 1960.
Viewed by V.S.

386-208.001-766

PLACE OF BIRTH

RECEIVED JAN 6 19 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Registration District No. 2

File No. 107135

Hospital St. Alphonsus Primary Registration District No. 1004

Registered No. ____

FULL NAME OF CHILD Florence Evelyn Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Dec. 8th, 1922

What bactericidal solution was used in eyes? 1% sol. silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Emmett Thompson	FULL MAIDEN NAME: Nina Poole
RESIDENCE: R.7.D No. 5 Boise	RESIDENCE: R.7.D No. 5 Boise
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Wyo.
OCCUPATION: Rancher	OCCUPATION: Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at 2.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.W. Mather
(Physician or midwife)

Address 317 Overland Bldg. Boise

Filed Dec 30 1922 R.W. Wade
Registrar.

Give names added from a supplemental report.

____, 19____

____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 7 1943

914-210-001-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 509 S 16

RECEIVED JAN 6 1923 BUREAU OF VITAL STATISTICS

Registration District No. 2 File No. 107136

Hospital ..... Primary Registration District No. 1004 Registered No. 529

FULL NAME OF CHILD Betty Jean Rambo
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Dec 10 1922

What bactericidal solution was used in eyes? Kollerol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm. Rambo	FULL MAIDEN NAME	Georgia Thompson
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oklahoma
OCCUPATION	Cleaner at Dye Works	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 11.20 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Johnson

M. D.
(Physician or midwife)

Address Boise

Filed Dec 30 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH ... INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-214-001-312

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 6 1923 BUR

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 107137

No. ____ St.,

Primary Registration District No. 1004

Registered No. 630

Hospital St Alphonsus

FULL NAME OF CHILD Marjorie Ann Hamm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2nd	Yes	Dec 14 1922

FATHER

FULL NAME: Walter Hamm

RESIDENCE: Boise Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Bryanville Ky.

OCCUPATION: Groceryman

MOTHER

FULL MAIDEN NAME: Olive Pearl Lake

RESIDENCE: Boise Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Colfax Washington

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dec 14 1922, at 10 A. M. (Born alive or stillborn) on the date above stated.

(Signature) J. W. Cannon M.D.

(Physician or midwife)

Address Boise Idaho

Filed Dec 30 1922 R. N. Pratt Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 1 1949

433-213-[illegible]

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107138

County of Ada

City of Boise

RECEIVED
JAN 6 1923
BUREAU OF VITAL STATISTICS

Registration District No. 2

File No.

No. St.

Primary Registration District No. 1004

Registered No. 531

Hospital St. Lukes

Full Name of Child Caroline Scholl McCarthy

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 12 (Month) 13 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Charles P. McCarthy	FULL MAIDEN NAME Ethel Stewart
RESIDENCE 1415 Fort St. Boise, Iddho	RESIDENCE 1415 Fort St. Boise, Idaho
COLOR White AGE AT LAST BIRTHDAY 41 (Years)	COLOR White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Mass.	BIRTHPLACE Indiana
OCCUPATION Supreme Court Judge	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.40 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm F. Smith a.B.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

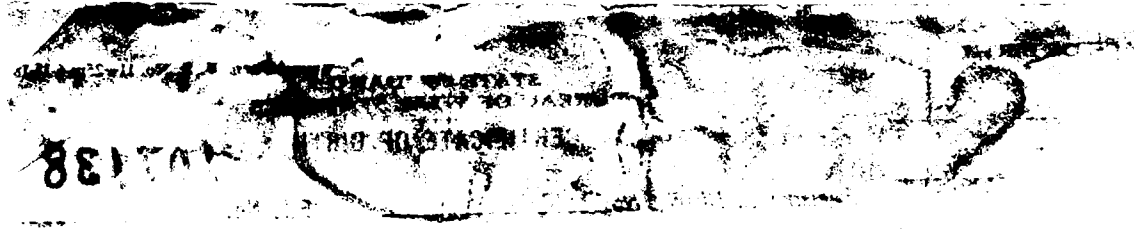
Registrar

Address Empire Bldg. Boise, Idaho

Filed Dec 30 1922 R. H. Pratt Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 13 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Boise FILE NO. 107138

(ST. 1415 Fort St. DATE OF BIRTH December 13-1922

(COUNTY Ada SEX OF CHILD Female

FATHER Mr Charles P. McCarthy. MOTHER Ethel Stewart. (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Caroline Schall McCarthy

Charles P. McCarthy.

Signature of Father or Mother

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/13-215-60 595

County of Ada
Amended 1-22-80

City of Boise

No. 2119 N. 13 St.

Hospital

RECEIVED
JAN 6 1922
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 107139

Primary Registration District No. 1004 Registered No. 532

FULL NAME OF CHILD MARGUERITE FAY DALY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	—	yes	12 (Month) - 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Wm Thos. Daly	FULL MAIDEN NAME	Melvina Mnemire
RESIDENCE	Boise c/o Ida City Stage	RESIDENCE	Boise c/o Ida City Stage
COLOR	W. AGE AT LAST BIRTHDAY 50 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Greenway
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Boise Idaho

19

Registrar

Filed Dec 29 1922 R. H. Pratt
Registrar

Jan 22, 1980

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 22 2 40 PM '80

State of _____ } ss.
County of _____ }

Certificate No. 107139
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Margurite Fay Daly (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 15, 1922 (Date of Event)

in Boise (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
First name of child	Margurite	Marguerite

Subscribed and sworn to before me this 22nd day of January, 1980.

Notary Public, Florence Cartright

Residing at Boise

My commission expires Lifetime

(Seal)

X Marguerite F. Dikens
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

X _____
Supporting Signature

Street Address, City, State

Marriage License recorded by Ada County July 6, 1942, gives name as Marguerite Fay Daly married to Walter Wendell Aikens. Married July 4, 1942
Viewed by V.S.

Public School Diploma issued by Boise County School System, gives name as Marguerite Daly. Graduated May 15, 1937.
Viewed by V.S.

Social Security Card # 518 18 0124 gives name as Marguerite Fay Daly
Card issued 1942.
Viewed by v.S.

296-6-16-991-343

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107140

RECEIVED JAN 6 1923 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

*No. 919 Harrison Blvd. Registration District No. 2 File No.

Hospital Primary Registration District No. 1004 Registered No. 335

FULL NAME OF CHILD John Gordon Brookover

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Dec 14 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Samuel E. Brookover	FULL MAIDEN NAME Mary Joseph Juley
RESIDENCE 919 Harrison Blvd, Boise, Idaho	RESIDENCE 919 Harrison Blvd, Boise, Idaho
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Missouri
OCCUPATION Merchant	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 10 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) T. N. Bratton M.D.
(Physician or midwife)

Address Boise, Idaho

Filed Dec 29 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 25 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 18 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
CITY Boise
ST. Idaho
COUNTY Adams

FILE NO. 107140
DATE OF BIRTH December 14-23
SEX OF CHILD Male

FATHER S. E. Brookover
MOTHER Mary Tuley Brookover (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

John Gordon Brookover

Mrs S. E. Brookover
Signature of Father or Mother.

MAR 23 1953

493215 001168

PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St Lukes

RECEIVED JAN 6 19[illegible] BUREAU OF VITAL STATISTICS STATE OF IDAHO

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 107141

Primary Registration District No. 1004

Registered No. 534

Full Name of Child Jeanette Mitchell

SEX OF CHILD Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | DATE OF BIRTH 12 (Month) 10 (Day) 1922 (Year)

FATHER

FULL NAME Kenneth Mills Mitchell

RESIDENCE 1403 N. 16th St, Boise, Idaho

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Illinois

OCCUPATION Grocery Merchant

MOTHER

FULL MAIDEN NAME Mary Jane Johnston

RESIDENCE 1403 N. 16th St. Boise, Idaho

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Minnesota

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:45 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm F. Smith a.B.

Physician (Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 30 1922

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 21 1986

693-219-004-814

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107142

RECEIVED JAN 6 1923 STATE OF IDAHO

County of Ada

City of Boise

No. ——— St. ———

Registration District No. 2 File No. ———

Hospital St. Luke's Primary Registration District No. 1004 Registered No. ———

FULL NAME OF CHILD Wilda Louise Willsey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	Dec. 19, 1922

What bactericidal solution was used in eyes? 1% silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Noel Ben Willsey	FULL MAIDEN NAME	Helen C. Hammack
RESIDENCE	1516 Denver St., Boise, Idaho	RESIDENCE	1516 Denver St. Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Baker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho

Filed Dec 29 1922 R. N. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 2 1 1955

694-220-001-415

PLACE OF BIRTH

RECEIVED
JAN 6 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St. ..... Registration District No. 2 File No. 107143

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 536

FULL NAME OF CHILD Hammer, Betty Elizabeth
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	3 (To be answered only in event of plural births)	yes	12-20-1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Hammer, Frederick J	FULL MAIDEN NAME	Davis, Elizabeth J
RESIDENCE	above Pennsylvania	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Boise	BIRTHPLACE	Yorkshire England
OCCUPATION	lineman	OCCUPATION	—

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. V. Genovese
(Physician or midwife)

Address Overland

Filed Dec 29 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-121-001-289

PLACE OF BIRTH

County of Ada

City of Boise

No.

Hospital St. Luke's

RECEIVED JAN 1922 BUREAU OF VITAL STATISTICS

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 107144

Primary Registration District No. 1004

Registered No. 537

Full Name of Child Stephen Shipman McCarter

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
male		Yes	12 - 21 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Claude Calvin McCarter	FULL MAIDEN NAME	Julia Shipman
RESIDENCE	Corral, Idaho	RESIDENCE	Corral, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Corral, Idaho	BIRTHPLACE	Boise, Ida. U.S.A.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Springer

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec 29 1922 R. H. Pratt

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1942

PLACE OF BIRTH

County of

APR 4 1966

256-126-001-239

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 431 S 10 St.

Hospital

Registration District No. 2

File No. 107145

Primary Registration District No. 1004

Registered No.

FULL NAME OF CHILD Jas. F. Sewell JR. JAMES FRANCIS
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Dec 26 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James F. Sewell	FULL MAIDEN NAME	Jannita Slinger
RESIDENCE	431 South 10th St.	RESIDENCE	431 South 10th St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ore	BIRTHPLACE	Ore
OCCUPATION	Mail carrier	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3.20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boise Ida

Filed Dec 30 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1942

APR 28 1942

386-06-00-275

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

RECEIVED
JAN 6 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Luke's

Registration District No. 2

Primary Registration District No. 1004

File No. 107146

Registered No. 537

Full Name of Child Harry Thompson Jr.

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes	12 - 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Thompson	FULL MAIDEN NAME	Ethel Stevens
RESIDENCE	R1, Boise Idaho	RESIDENCE	R1, Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Arizona
OCCUPATION	Machine + Wood Worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill a.B.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise, Idaho

Filed Dec 30 1922 R. H. Pratt Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1964

APR 6 1972

FEB 11 1944

986 227 or 236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107147

RECEIVED JAN 4-1923 BUREAU OF VITAL STATISTICS

County of Ada
City of Boise
No. 2621 W Jefferson Registration District No. 2 File No.
Hospital Primary Registration District No. 1004 Registered No. 540

FULL NAME OF CHILD Thelma Louise Rhodes
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		yes	Dec 27 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elonzo M. Rhodes	Gertrude V. Starr
RESIDENCE	2621 W. Jefferson	"
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Boise	Colorado
OCCUPATION	Laborer	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9-10 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Gregory M.D.
(Physician or midwife)

Address Boise Idaho

Filed Dec 30 1922 R. H. Cook
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 6 1944

577-129.001-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 6 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107148

County of Ada

City of Boise

No. 1728 Fairview Ave. Registration District No. 2 File No.

Hospital — Primary Registration District No. 1004 Registered No. 41

FULL NAME OF CHILD Infant Epperson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Dec. 29 1922

What bactericidal solution was used in eyes? —

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Jas. W. Epperson	FULL MAIDEN NAME Myrtle L. Harvill
RESIDENCE 1728 Fairview Ave., Boise, Idaho	RESIDENCE 1728 Fairview Ave., Boise, Idaho
COLOR W. AGE AT LAST BIRTHDAY 56 (Years)	COLOR W. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who ~~was~~ lived 10 min., at 2.00 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boise, Idaho

Filed Dec 30 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-1092 001-792

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JAN 6 1923 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise Registration District No. 8 File No. 107149

No. ..... St.

Hospital ~~Holloway~~ Primary Registration District No. 2008 Registered No. 52

FULL NAME OF CHILD ~~on Block~~ Stanley Burton Mathis-

Sex of Child Male. | ~~Twin~~ Triplet or other? (To be answered only in event of plural births) and Number in order of birth 3d | Legitimate? yes | Date of Birth Dec 29 (Month) (Day) 1922 (Year)

FATHER

FULL NAME La Mathis

RESIDENCE Boise Idaho

COLOR white AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Shelbyville Indiana

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Nellie Gibbons

RESIDENCE Boise Idaho

COLOR white AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Boise Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3d

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Cannon

Physician (Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Dec 30 1922 R. H. [illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 27 1982

433-129-108-391

PLACE OF BIRTH

RECEIVED
JAN 6 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Baise

No. R 5 St.

Registration District No. 8

File No. 107150

Hospital

Primary Registration District No. 1008

Registered No. 81

FULL NAME OF CHILD Janess Melvin McConnell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	12 - 29 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Isaac M. McConnell	FULL MAIDEN NAME	Mattie Crawford
RESIDENCE	Baise Idaho.	RESIDENCE	
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Labarer	OCCUPATION	Hse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Calloway

Physician
(Physician or midwife)

Address Baise Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 30 1922 R. H. Peak.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1922-146852

285-220-001-863

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107151

County of Ada

City of Boise

No. Irvinia St.

Registration District No. 8 File No.

Hospital Primary Registration District No. 2008 Registered No. 80

FULL NAME OF CHILD Josephine Shelton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		—	yes	Dec 20 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? $AgNO_3$ 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Robert E Shelton	FULL MAIDEN NAME	Laurella Holmstrom
RESIDENCE	Irvinia - Boise	RESIDENCE	Irvinia, Boise
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Dentist	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward T Bowen MD
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boise Idaho

Filed Dec 30 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1942

649-226-001-185

PLACE OF BIRTH

RECEIVED
JAN 6 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. near Oak School St.

Registration District No. 8

File No. 107152

Hospital

Primary Registration District No. 2008

Registered No. 79

FULL NAME OF CHILD Norma Elsie Ferguson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Nov. 24 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 2% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Emmett R. Ferguson	FULL MAIDEN NAME	Hazel Ayers
RESIDENCE	near Oak School	RESIDENCE	near Oak School
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Check Clerk A. S. L.	OCCUPATION	Hse.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Calloway
Physician
(Physician or midwife)

Address Boise Idaho

Filed Dec 29 1922 R. N. Rath
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z NORMA

DUP OF 1922 - 14 5807

755-215-001-395

PLACE OF BIRTH

RECEIVED
JAN 6 192[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107153

County of Ada

City of ———

~~No.~~ 5 mi. N. Boise

Registration District No. 8 File No.

Hospital ———

Primary Registration District No. 2008 Registered No. 78

FULL NAME OF CHILD Marie Pennington

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	Dec. 15 192[illegible]

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	G. I. Pennington	FULL MAIDEN NAME	Dora A. Sineberger
RESIDENCE	Ola, Idaho	RESIDENCE	Ola, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10[illegible] a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

.....

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho.

Filed Dec 29 192[illegible] R. H. Pratt

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 3 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 19 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Boise

ST. _____

COUNTY Ada

FATHER George T.

FILE NO. 197153

DATE OF BIRTH Dec. 15 1923

SEX OF CHILD Female

MOTHER Dora A
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Marie

Geo T. Pennington
Signature of Father or Mother.

819-126-001-295

PLACE OF BIRTH

RECEIVED
JAN 6 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107154

County of Ada

City of

No. 5 mi. W. Boise

Registration District No. 8

File No.

Hospital

Primary Registration District No. 2008

Registered No. 77

FULL NAME OF CHILD James Melvin Harp

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Dec. 26 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Robert Harp	FULL MAIDEN NAME	Lulu Biers
RESIDENCE	Pioneerville, Idaho	RESIDENCE	Pioneerville, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Arkansas	BIRTHPLACE	Missouri
OCCUPATION	Logger	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at** 6 00 a. m. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho

Filed Dec 29 1922 A. H. Pratt

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1944

349-21-087-219

PLACE OF BIRTH

RECEIV
JAN 6
BUREAU OF
STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 107155

County of Owyhee

City of Given Spring

No. ..... St.

Registration District No. 8

Primary Registration District No. 2008

Registered No. 76

Hospital .....

FULL NAME OF CHILD Catherine Carol Curtis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	and		yes.	Dec. 11 1922

What bactericidal solution was used in eyes? Credés Solution

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Chas. W. Curtis	FULL MAIDEN NAME	Katherine M. Barker
RESIDENCE	Given Spring School Dist	RESIDENCE	Given Spring School Dist
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Maryland	BIRTHPLACE	England
OCCUPATION	farmer	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]EE*

I hereby certify that I attended the birth of this child, who was Born alive 3.20 P. M.
on the date above stated. (Born alive or stillborn)

(Signature) [redacted]

(Physician [redacted])

Address [redacted]

Filed Dec 29 1922

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

639207-001-599

PLACE OF BIRTH

RECEIVED JAN 6 BUREAU OF VITAL STATISTICS

[redacted] OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107156

County of Ada

City of Cloverdale School

No. ..... St.

Registration District No. ..... File No. .....

Hospital ..... Primary Registration District No. 2008 Registered No. 75.

FULL NAME OF CHILD Doris Kathleen Oliason
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		YES.	Dec 7 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Carl A Oliason	FULL MAIDEN NAME	Emelia K. Erickson
RESIDENCE	Cloverdale School Dist	RESIDENCE	Cloverdale School Dist
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Norway	BIRTHPLACE	Iowa.
OCCUPATION	farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive at 11 55 p M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank
(Physician or ~~midwife~~)

Address Boise Ida

Filed Dec 18 1922 R. H. Pratt
Registrar.

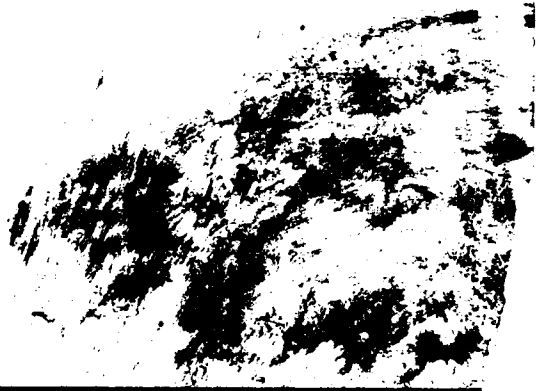
Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDMENT AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 10716

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	None given	Doris Kathleen Oliason
Date	12/6/	Dec. 7 1922

Subscribed and sworn to before me this ..... day of ..... , 19 44

Notary Public, residing at Boise

My commission expires 11/4/47
(Seal)

Signed Mrs C A Oliason
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ..... , 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

..... (Street Address, City, State)

JAN 5

315-13-001-443

PLACE OF BIRTH

RECEIVED JAN 11 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 114 S. 16th St. Registration District No. 2 File No. 107157

Hospital Primary Registration District No. 1004 Registered No. 237

FULL NAME OF CHILD Edward Darwin Caviness
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	10 31 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

FATHER	MOTHER
FULL NAME Clyde D. Caviness	FULL MAIDEN NAME Edna E. Dutson
RESIDENCE 114 S. 16th St. Boise	RESIDENCE "
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Gaffey, Colo.	BIRTHPLACE Rudy, Idaho
OCCUPATION Mechanic	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9-30 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) R. S. Gregory M.D.
(Physician or midwife)

Address 1107 N. 8th St. Boise, Ida.

Filed Dec 16 1922 R. N. Pratt
Registrar.

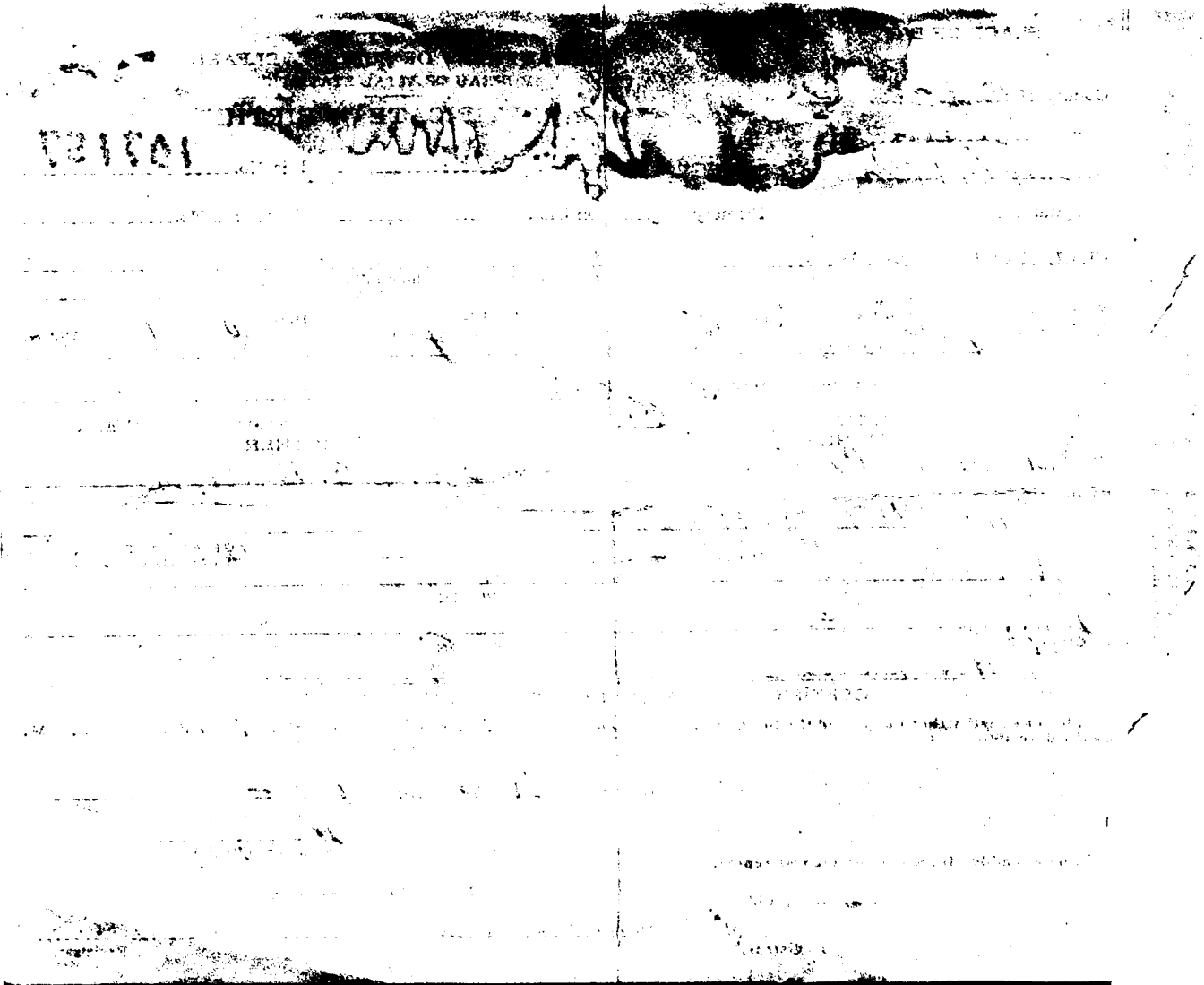
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

READING INK—THIS IS A PERMANENT RECORD ... child at birth a SEPARATE RETURN must be made for each ... and the number of each, in order of birth stated.



RECEIVED
FEB 1 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Boise

ST. 114 S 16th.

COUNTY Ada.

FATHER C. D. Cavness.

FILE NO. 107157

DATE OF BIRTH 31, day of Oct. '22

SEX OF CHILD Male

MOTHER Edna Watson
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Edward Darwin Cavness.

Mrs Clyde Cavness.

Signature of Father or Mother.

JAN

986-102-001-279

PLACE OF BIRTH

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107158

County of Ada

City of Boise

No. 115 E 24 St.

Registration District No. 2

File No.

Hospital

Primary Registration District No. 1004

Registered No. 5

FULL NAME OF CHILD Grover Wesley Rhodes

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	Nov 2 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John R. Rhodes	FULL MAIDEN NAME	Marie F. Springer
RESIDENCE	Pioneerville	RESIDENCE	Pioneerville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Delta Colo.	BIRTHPLACE	Lake City, Ill.
OCCUPATION	Logging Contractor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 9 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Grigory M.D.

(Physician or midwife)

Address 1107 N. 8th St.

Filed Dec 16 1922 R. N. Pratt

Registrar.

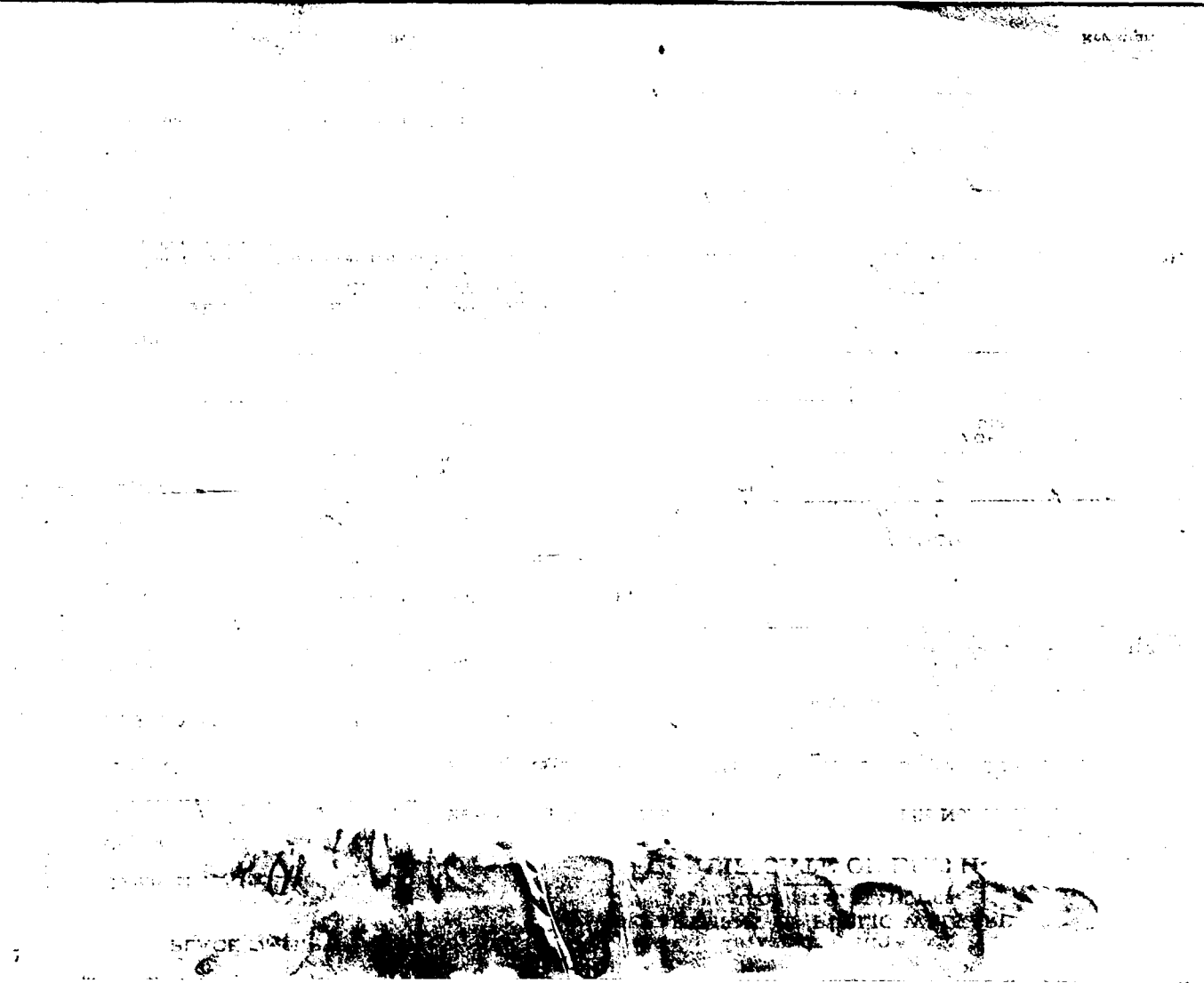
Give names added from a supplemental report.

....., 192.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Boise

ST. Idaho

COUNTY Ada

FILE NO. 107158

DATE OF BIRTH November 2nd 22

SEX OF CHILD Male

FATHER John R Rhodes

MOTHER Marie Rhodes (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Grover Wesley Rhodes.

Mrs. John Rhodes

Signature of Father or Mother

MAY 2 1 1942

386-115-001-851 JAN 11 1923

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107159

County of Ada

City of Boise

No. ..... St. Registration District No. 2 File No. .....

Hospital ..... Primary Registration District No. 1904 Registered No. 211

FULL NAME OF CHILD John Henry Thornton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			One	Yes	Nov. 15 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

FATHER		MOTHER	
FULL NAME	Joshua Thornton	FULL MAIDEN NAME	Nettie Heaverin
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Moscow, Idaho	BIRTHPLACE	Jordan Valley, Ida.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6-25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Gregory
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address 1107 N. 8 St. Boise Ida.

Filed Dec 16 1922 R. H. Trail
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 5 1966

493-122-001-735

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

Form V. S. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 107160

County of Ada

City of Boise

Registration District No. 2

File No.

No. ..... St.

Primary Registration District No. 1004

Registered No. 512

Hospital St Alphonsus

FULL NAME OF CHILD William Raymond Miles

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov 22 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fredrick Lee Orcutt Miles	FULL MAIDEN NAME	Ellen Gleason
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Saritoga, Iowa	BIRTHPLACE	Minneapolis Minn.
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 15 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Calvert
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

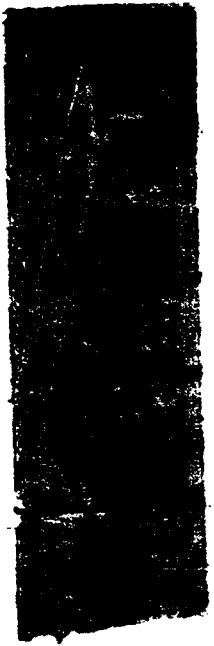
Address .....

Filed Dec 16 1922 R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



944-225-00-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JAN 11 19 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 107161

Registered No. 313

PLACE OF BIRTH

County of Ada

City of Boise

No. 1002 No 18 St.

Hospital St Lukes

Registration District No. 2

Primary Registration District No. 1004

Full Name of Child Dorothy Alice Rummel

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F.	0	2	Yes.	Nov 25 1922

FATHER		MOTHER	
FULL NAME	John Rummel	FULL MAIDEN NAME	Mildred Green
RESIDENCE	1002 No 18	RESIDENCE	Boise
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Wyoming	BIRTHPLACE	Nebraska
OCCUPATION	Banker.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S W Gourley MD

Boise Ida

(Physician ~~or midwife~~)

Given names added from a supplemental report

.....19....

.....
Registrar

Address .....

Filed Dec 16 1922 R H Rad
Registrar

RECEIVED
FEB 3 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 16 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Boise Ida

ST. 1002-North

COUNTY Ada

FATHER John A.

FILE NO. 107161

DATE OF BIRTH November 25th

SEX OF CHILD Female

MOTHER Mildred Green
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Dorothy Alice Rummel

Rummel

Signature of Father or Mother.

OCT 25 1947

386-126-001-966

PLACE OF BIRTH

RECEIVED JAN 1 2 1 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 107162

No. _____ St.

Primary Registration District No. 1004

Registered No. 5

Hospital St Lukes

Full Name of Child Ivan Thomas

SEX OF CHILD male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 11 (Month) 26 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ivan M. Thomas	FULL MAIDEN NAME	Berrttamart Cooper
RESIDENCE	Boise Ida	RESIDENCE	Boise Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Idaho
OCCUPATION	Printer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S Springer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Dec 16 1922 R. H. Pratt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-226-001-866

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 11 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107163

County of Ada

City of Boise

No. 604 S. 16th St.

Hospital

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 515

FULL NAME OF CHILD Myrtle Rosetta Ross
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Nov. 26 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J. Daniel Ross	FULL MAIDEN NAME	Myrtle E. Howell
RESIDENCE	604 S. 16th, Boise, Idaho	RESIDENCE	604 S. 16th St., Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:00 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Bratton M.D.
(Physician or midwife)

Address Boise, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 18 1922 R. A. Craig
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-427-001-942

PLACE OF BIRTH

Form V. S. No. 11—20m-7-25-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

REC JAN 1 STATE

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 107164

No. ..... St.

Primary Registration District No. 1004 Registered No. 31

Hospital St Lukes

FULL NAME OF CHILD Wilma Dryden Conklin

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	✓	✓	Yes	Nov 27 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm O. Conklin	FULL MAIDEN NAME	Blanche B. Rose
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Sign Writer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:38 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Coleman M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar.

Address Boise Idaho

Filed 12-13-1922 R. A. Peak Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 13 1988

296-204-001-347

PLACE OF BIRTH

RECEIVED JAN 11 192 BUREAU OF VI STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107165

County of Ada

City of Boise

No. 2604 Bannock St.

Registration District No. 2 File No.

Hospital

Primary Registration District No. 1004 Registered No. 517

FULL NAME OF CHILD Cecilia Edith Bronson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Dec 4 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Andrew Wilfred Bronzon	FULL MAIDEN NAME	Catherine J. Lugering
RESIDENCE	2604 Bannock	RESIDENCE	2604 Bannock
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Iowa	BIRTHPLACE	Ill —
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive, at 5.20 A M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Address Boise Ida

Filed Dec 18 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN [illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Boise
(ST. 2604 Bannock
(COUNTY Ada

FILE NO. 107165

DATE OF BIRTH Dec. 4-1922

SEX OF CHILD Female

FATHER A. Wilfred

MOTHER J Catherine Lugering
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Cecilia Edith Bronson

A. Wilfred & J. Catherine Bron
Signature of Father or Mother.

FEB 2 1942

MAY 12 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-106:001-994

PLACE OF BIRTH

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 425 6th Farnell St. Registration District No. 8 File No. 107166

Hospital — Primary Registration District No. 1004 Registered No. 378

FULL NAME OF CHILD Grant Martin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	Dec. 6th 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 5% argyrol

Number of child of this mother, including present birth. one Number of child of this mother now living, including present birth. one

FATHER		MOTHER	
FULL NAME	Benjamin H. Martin	FULL MAIDEN NAME	Edith Riddle
RESIDENCE	Riddle, Idaho	RESIDENCE	Riddle, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 7 10 P. M. at (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) B W Mathes
(Physician or midwife)

Address 317 Overland Bldg Boise

Filed Dec 16 1922 R. A. Pratt
Registrar.

DEC 22 1942

496-106-001-243

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 525 So 14th St.

Registration District No. 2 File No. 107167

Primary Registration District No. 1004 Registered No. 519

Hospital

FULL NAME OF CHILD Donald Drobney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	12 (Month) - 6 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	James Drobney	FULL MAIDEN NAME	Elizabeth Butler.
RESIDENCE	Idaho.	RESIDENCE	Idaho.
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20. (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Nevada
OCCUPATION	Mechanic.	OCCUPATION	House wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M H Tallman

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Dec 16 1922 R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 3 2004

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-113-001-719

PLACE OF BIRTH

County of Ada

City of Boise

No. 1411 E Jeff St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

Primary Registration District No. 1004

File No. 107168

Registered No. 321

Full Name of Child John Franklin Chapman

SEX OF CHILD Male	Twin Triplet or other? No and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 12 - 13 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl Chapman	FULL MAIDEN NAME	Blanch Gaines
RESIDENCE	1411 E Jefferson	RESIDENCE	Boise Ida
COLOR	White	COLOR	~~Kaloth~~ E.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address

Filed Dec 18 1922

R. N. Pratt
Registrar

APR 7 1965

(Instructions on certain points may be printed on the back. Size of certificate, 6⅛ x 7⅞ inches.)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

8—334 d
V. S. No. 109

PLACE OF BIRTH

235-214-001-279

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

Department of Commerce and Labor
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH **107169**

County of ADA

Township of ..... Registration Desk { 2
or
Village of ..... Primary Reg. Dish { 1004
or
City of Boise, Idaho (No. ....., ... St.; ..... Ward)

Registered No. 522

FULL NAME OF CHILD Clara Louise Steen

{If child is not yet named, make supplemental report, as directed

Sex of Child	Twin, triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Female	(To be answered only in event of plural births)		Yes	Oct (Month), 14 (Day), 1922 (Year)

FATHER	MOTHER
FULL NAME: Henry Steen, Jr.	FULL MAIDEN NAME: Lavinia Barnett Steen
RESIDENCE: Qrs 47 Boise Barracks, Ida	RESIDENCE: Qrs 47 Boise Barracks, Idaho
COLOR: white — AGE AT LAST BIRTHDAY: 43 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Buckland, Ohio	BIRTHPLACE: Tucson, Arz.
OCCUPATION: Property Custodian	OCCUPATION: Housewife
Number of children born to this mother, including present birth: 2	Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or Stillborn) at 1.50 P M., on the date above stated.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

(Signature) R.E.Toms,
Past Asst. Surgeon, U.S.P.H.S.
(Physician or Midwife)

Given name added from a supplemental report ....., 19

REGISTRAR

Address Qrs 44, Boise Barracks, Idaho

Filed Dec 18, 1922 R. N. Pratt, REGISTRAR

11—385 H

DEC 6 1933

165-219-001-445

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. 107171

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 524

FULL NAME OF CHILD Grace Vivian Jones
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Dec 19 1922

What bactericidal solution was used in eyes? Silver Nit 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ralph O. Jones	FULL MAIDEN NAME	Grace Vivian Munro
RESIDENCE	Meridian Ida	RESIDENCE	Meridian Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	So. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers, Sr.
(Physician or midwife)

Address Boise Idaho

Filed Dec 20 1922 R. H. Pratt
Registrar

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 10 1942

MAR 2 1953

DECEASED

245-209:00-849

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

107172

County of ~~Eagle~~ Ada

CERTIFICATE OF BIRTH

RECEIVED JAN 2 1923 BUREAU OF VITAL STATISTICS

City of Eagle

Registration District No. 10 File No. 39

No. Island St.

Primary Registration District No. 10 Registered No. 39

Hospital

FULL NAME OF CHILD —

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	12 (Month) 9 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Elmer F Kunkler	FULL MAIDEN NAME	Chloe Hurst
RESIDENCE	Eagle RD	RESIDENCE	Eagle RD.
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:50 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Calloway

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Boise Idaho

Filed Dec 29 1922

Carl Jackson Registrar

Carl Jackson Registrar Eagle Idaho

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

665-224-001-019

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 2 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

107173

CERTIFICATE OF BIRTH

County of Ada

City of Eagle R.D.

Registration District No. 10 File No. 40

No. ——— St.

Primary Registration District No. 10 Registered No. 40

Hospital ———

FULL NAME OF CHILD Marva Owens

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
S	—		—	yes	July 24 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jos A Owen	FULL MAIDEN NAME	Alice E Harris
RESIDENCE	Glens Ferry	RESIDENCE	Glens Ferry
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mallen Greenway
Physician
(Physician or midwife)

Given names added from a supplemental report.

——— 19

Address Boise Idaho

Filed Dec 29 1922

Registrar

Registrar
Eagle Idaho

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of _____

Certificate No. 107173
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marva Owens (Name on Original Certificate) who Born (Was Born or Died) on July 24, 1922 (Date of Event)
in Eagle Idaho (Place of Event) are erroneous or were omitted; and that to the best of his knowledge, the
true facts are shown by LDS church Records (Bible Record, Insurance Policy, Etc.) prepared on Sept, 10, 1923 (Give Date) at Boise, are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Marva Owens
Marva Owens		

Subscribed and sworn to before me this _____
day of _____, 19____.

Signed Joseph A Owens
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at _____

My commission expires _____
(Seal)

P.O. Box 67 Glenns Ferry Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Elmore

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Seventh
day of April, 1944

Signed Harley A Harmon
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Glenns Ferry Idaho

My commission expires Sept 18 - 1947
(Seal)

Glenns Ferry Idaho
(Street Address, City, State)

APR 12 1944

259-116-001-847

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107174

County of Ada

City of Star

No. ..... St.

Registration District No. 10 File No. 43

Hospital —

Primary Registration District No. 10 Registered No. 43

RECEIVED JAN 2 1923 VITAL

FULL NAME OF CHILD Carl William Birch
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Oct 16 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fred William Birch	FULL MAIDEN NAME	Hazel Otto Hughes
RESIDENCE	Eagle R. F. D.	RESIDENCE	Eagle R. F. D.
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Miniature at 9-9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Fall M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Star Idaho

Filed Dec 20 1922 Orville Jackson Eagle Idaho Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 1957

239-201-001-299

PLACE OF BIRTH

RECEIVED JAN 2 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107175

CERTIFICATE OF BIRTH

County of Ada

City of Star

No. ____ St.

Registration District No. 10 File No. 4

Hospital ____ Primary Registration District No. 10 Registered No. 4

FULL NAME OF CHILD Charlotte Kate [redacted] Strauchon
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F M			Yes	Dec 1 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME	John [redacted] Strauchon	FULL MAIDEN NAME Lucy Lenora Burch
RESIDENCE	Star	Star Ada
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	39	30
BIRTHPLACE	Canada	Wyoming
OCCUPATION	Farmer	Houseke

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] MD
(Physician or midwife)

Address Star Idaho

Filed Dec 20 1922 [illegible] Registrar

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-121-014-319

PLACE OF BIRTH

RECEIVED JAN 2 1 19 BUREAU OF VITAL STATISTICS

ST[redacted] DEPARTMEN[redacted] WELFARE BUREAU[redacted]ISTICS

CERTIFICATE OF BIRTH 107176

County of Canyon

City of Star

No. ..... St. Registration District No. 10 File No. 41

Hospital ..... Primary Registration District No. 10 Registered No. 41

FULL NAME OF CHILD Carl M[redacted] Davis

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Nov 2[redacted]

What bactericidal solution was used in eyes? Yes.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Thomas Davis	FULL MAIDEN NAME	Agnes Sophia Larson
RESIDENCE	Middleton R F D	RESIDENCE	Middleton R F D
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 30 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ott Hall M.D.

(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address Star Idaho.

Filed Dec 20 192 Orville Jackson Eagle Idaho Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

FEB 5 1923
BUREAU OF VITAL STATISTICS

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth
CITY Star
ST. Ida.
COUNTY Canyon
FATHER John Thomas Davis

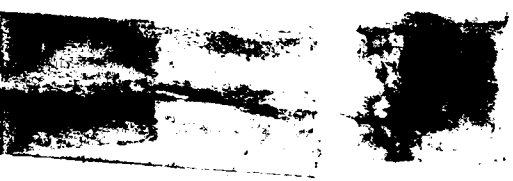
FILE NO. 107176
DATE OF BIRTH Nov. 21, 1922
SEX OF CHILD Male
MOTHER Agnes Sophia Larsen
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Carl Edwin Davis

J. T. Davis

Signature of Father or Mother.



NOV 27 1942

268-206-207-224

PLACE OF BIRTH

STATE OF ID[redacted]RE

DEPARTMENT OF PU[redacted]

BUREAU OF VITAL

CERTIFICATE O[redacted] 107177

County of Ada

City of Meridian

RECEIVED JAN 5 1923

BUREAU OF VITAL STATISTICS

No. ..... St. ..... No. ..... File No. 56

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Dorothy Maxine Boyer

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 6 — 192[illegible]

What bactericide solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Sydney Dillon Boyer	FULL MAIDEN NAME	Elizabeth Sturgell
RESIDENCE	Meridian Ada	RESIDENCE	Meridian Ada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nampa Ada	BIRTHPLACE	Wayne Co. West Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) [illegible]

(Physician or midwife)

Address Meridian Ada

Filed 12-27 192[illegible] [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1964

493-112-001-381

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107178

County of Ada

City of Meridian

Registration District No. 11 File No. 57

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Marion Manford Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		Yes	Nov. (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Arthur W. Miller	FULL MAIDEN NAME	Grace E. Chambers
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minn.
OCCUPATION	printer	OCCUPATION	housewife

What Intercordal solutions are used in eyes? 1% Silver N.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:55 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Meridian Idaho

Filed 12-27 1922

H F Neal
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/11/41 L. B.

533-209-001-766

PLACE OF BIRTH

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107179

County of Ada

City of Meridian

No. ..... St.

Registration District No. 11 File No. 58

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lela Lois Ellis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov 9 1922

What bactericidal solution was used in eyes? Silvol 20%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ira Donald Ellis	FULL MAIDEN NAME	Verda Lee Power
RESIDENCE	Meridian Ada	RESIDENCE	Meridian Ada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Powersville Mo.	BIRTHPLACE	Custer Co. -- Okla.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Numbers Jr
Physician
(Physician or midwife)

Address Meridian Ada

Filed Dec. 12 1922 H F Mal
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-217-09-962 JAN 5 1923

PLACE OF BIRTH — BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada — Amended 3-4-78

City of Meridian — Registration District No. 11 — File No. 107180

No. R R 3 — St.

Hospital — Primary Registration District No. — Registered No.

FULL NAME OF CHILD VALERIA Lee Clayton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	11-17 1922

FATHER		MOTHER	
FULL NAME	John A. Clayton	FULL MAIDEN NAME	Delia A. Robertson
RESIDENCE	Meridian Idaho	RESIDENCE	Meridian Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 8 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal
Physician
(Physician or midwife)

Given names added from a supplemental report.

1922
H. F. Neal
Registrar

Address Meridian Idaho

Filed 12/12 1922 H. F. Neal
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 25 1965
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 107180

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Valera Lee Clayton (Name on Original Certificate) who was born (Was Born or Died) on November 17, 1922 (Date of Event)

in Meridian, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Valera Lee Clayton	Valeria Lee Clayton
Mother's Maiden Name	Delia A. Roberts	Delia A. Robertson

Subscribed and sworn to before me this 11th day of August, 1965

Betty Dieterich

Notary Public, residing at Oroville

My commission expires January 29, 1963

(Seal)

Signed Mrs. Florence Doll
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Oroville Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of August, 1965

Betty Dieterich

Notary Public, residing at Oroville

My commission expires Jan 29, 1963

(Seal)

Signed Chester E Doll
(Signature of Any Credible Person)

Oroville Wash
(Street Address, City, State)

FORM DH 60-155 CL 2-15-61. ~~RM~~ one copy pd. rec. #10611.

Photo Copy of Notification of Birth Registration, State of Washington, No. 512, gives full name of child as Laverda Ann Gendron, born Oct. 10, 1939 at Oroville, Washington to Armand J. Gendron and Valeria Lee Clayton - viewed by V.S.

Rport Card, Oroville High School, school year 1936-37 gives full name of student as Valeria Clayton, 9th grade - viewed by V.S.

Child's Birth Cert. on file: (Idaho Birth) #60289 gives full maiden name of mother as Delia A. Robertson - viewed by V.S.

Marriage license for mother gives her name as Delia Ann Robertson married to John A. Clayton at Middleton, Idaho, Canyon County. Married Dec.5,1904. Viewed by V.S.

955-101-001-613

PLACE OF BIRTH

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107181

County of Ada

City of Meridian

No. ..... St. Registration District No. ..... File No. 60

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ray William Renner
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / Quadruplet? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	1	Yes	Dec. 1 192 2

What bactericide solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Andrew Renner	Jessie Virginia Fallon
RESIDENCE	Meridian Ida	Meridian Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	39
BIRTHPLACE	Maysville Mo.	Lonetree Wyo.
OCCUPATION	Farmer	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Numbers Jr
Physician
(Physician or midwife)

Address Meridian Ida

Filed 1/16 192 2 I H Neal
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-202-001-113

PLACE OF BIRTH

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107183

County of Ada

City of Meridian

No. ..... St. Registration District No. 11 File No. 62

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ardath Irene Prestwich
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec 2 1922

What bacterioidal solution was used in eyes? Silvol 20%

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Leonard I Prestwich	FULL MAIDEN NAME	Ethel Jackman
RESIDENCE	Meridian Ada	RESIDENCE	Meridian Ada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Sanpete Utah	BIRTHPLACE	Fremont Ohio
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Numbers Jr
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Meridian Idaho

Filed 12/12 192 22 H F Mag
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1975

791-203:00-239

PLACE OF BIRTH

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107184

County of Ada

City of Meridian

No. ..... St.

Registration District No. 11 File No. 63

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Genevieve Grant
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec 3 1922

What bactericidal solution was used in eyes? Silvol 15%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lawrence Jesse Grant	FULL MAIDEN NAME	Melitta May Stiegelmeir
RESIDENCE	Meridian Ada	RESIDENCE	Meridian Ada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Elgin Neb.	BIRTHPLACE	Kearney Neb.
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Numbers Jr
Physician
(Physician or midwife)

Give names added from a supplemental report.

..... 192....

Registrar.

Address Meridian Ada

Filed 12/12 1922 H F Neal
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1957

449-211-00-393

PLACE OF BIRTH

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107185

County of Ada

City of Meridian

No. ..... St. Registration District No. 11 File No. 64

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Agnes Elaine Durbin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec 11 1922

What bactericidal solution was used in eyes? Silvol 15 %

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Karl Durbin	FULL MAIDEN NAME	Inez Leota Tice
RESIDENCE	Meridian Ida	RESIDENCE	Meridian Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Fallbrook Cal	BIRTHPLACE	Minuck Ill.
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 12:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Numbers Jr

Physician
(Physician or midwife)

Address Meridian Ida

Filed 12/12 1922 H F Neal
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

~~NOV 1 9 1959~~
NOV 1 7 1959
JAN 1 8 2000
MAY 8 1942
AUG 1 2 1942

613-110-00-192

PLACE OF BIRTH

RECEIVED JAN 5 19[illegible] BUREAU OF STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107186

County of Ada

City of Meridian

Registration District No. 11 File No. 65

No. RR 1 St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Clarence Virgil Wall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	12 10 1922

FATHER

FULL NAME Clarence V. Wall

RESIDENCE Meridian

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Missouri

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lela M Aiken

RESIDENCE Meridian

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION Housekeeper 170 So Silver St.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) W. F. Neal

M. D.
(Physician or midwife)

Address Meridian Idaho

Filed 12/14 1922 W F Neal
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 20 1953

315-230-00-796

PLACE OF BIRTH

RECEIVED JAN 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

County of Ada

City of Meridian

CERTIFICATE OF BIRTH

Registration District No. 11

File No. 107187

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Opal Irene Lane

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	12 30 1922

FATHER

FULL NAME George S Lane

RESIDENCE Meridian

COLOR white

AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Mo

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary M. Gross

RESIDENCE Meridian

COLOR white

AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Iowa

OCCUPATION housewife

What tuberculosis solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:40 P. M. on the date above stated.

(Signature) H. F. Neal M.D.

(Physician or midwife)

Address Meridian Idaho

Filed 1/31 1922

H. F. Neal Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 5 1975

595-127-004-719
PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107188

County of Ada.

City of

No. St.

Hospital

Registration District No. 124 File No. 4

Primary Registration District No. 2702 Registered No. 150

FULL NAME OF CHILD Andrew Glen Nielsen.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.				Yes.	12 - 27 - 1922.

FATHER	MOTHER
FULL NAME: Andrew G. Nielsen.	FULL MAIDEN NAME: Flossie Paris.
RESIDENCE: Kuna, Ida.	RESIDENCE: Kuna, Ida.
COLOR: White. AGE AT LAST BIRTHDAY: 27 (Years)	COLOR: White, AGE AT LAST BIRTHDAY: 25. (Years)
BIRTHPLACE: Denmark.	BIRTHPLACE: Mo.
OCCUPATION: Farmer.	OCCUPATION: House wife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5:30-A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J Calman
Physician.
(Physician or midwife)

Address Kuna, Ida.

Given names added from a supplemental report. 19

Registrar.

Filed 12-30 1922 Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1942

239-209-BB-159
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107189

County of Ada.

City of

No. St.

Hospital

Registration District No. 124 File No. 4

Primary Registration District No. 2202 Registered No. 151

FULL NAME OF CHILD Eva Bernice Scrivner.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female.		2nd-	Yes.	10-	8-	1922

FATHER		MOTHER	
FULL NAME	W. Troy Scrivner.	FULL MAIDEN NAME	Elvida Jerome.
RESIDENCE	Kuna, Idaho.	RESIDENCE	Kuna, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Mechanic.	OCCUPATION	House wife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Coleman

Physician. (Physician or midwife)

Address Kuna, Idaho.

Given names added from a supplemental report.

19

Registrar.

Filed 12-30 1922 W. E. Stevens Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239.209.001-159

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada.

JAN 6 1923

City of

Registration District No. 124 File No. 107190

No. St.

Primary Registration District No. 2202 Registered No. 152

Hospital

FULL NAME OF CHILD Neva Beatrice Scrivner.

Sex of Child Female | Twin Triplet or other? and Number in order of birth 1st. (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 10- (Month) 9-- (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	W Troy Scrivner.	FULL MAIDEN NAME	Elvida Jerome.
RESIDENCE	Kuna, Idaho.	RESIDENCE	Kuna, Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Mechanic.	OCCUPATION	House wife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8.50-P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician.
(Physician or midwife)

Given names added from a supplemental report.

Address Kuna, Idaho.

19

Registrar.

Filed 12-30 1922 [signature]
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

651-204-00-693

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

JAN 5 1923

107191

County of Ada.

City of

No. St.

Hospital

Registration District No. 124 File No. 4

Primary Registration District No. 2202 Registered No. 153

FULL NAME OF CHILD Margaret Myrne Weaver.

Sex of Child Female. Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) Legitimate? Yes. Date of Birth 12 (Month) 4 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Clarence E. Waever.	FULL MAIDEN NAME	Wilsie Wilson.
RESIDENCE	Kuna, Idaho.	RESIDENCE	Kuna, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Neb.
OCCUPATION	Farmer.	OCCUPATION	House Wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5.00- A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J Coleman

Physician. (Physician or midwife)

Given names added from a supplemental report.

Address Kuna, Idaho.

19

Filed 12-30 1922 [signature] Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-121-001-942

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107192

County of Ada.

City of

No. St.

Hospital

Registration District No. 124 File No. 4.

Primary Registration District No. 7202 Registered No. 154

FULL NAME OF CHILD William Arthur Howell.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	12 - 21 - 1922

FATHER		MOTHER	
FULL NAME	D.S.Howell. 35.	FULL MAIDEN NAME	Bessie O. Russell.
RESIDENCE	~~Farmer,~~ Kuna, Ida.	RESIDENCE	Kuna, Ida.
COLOR	White. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	N.Y.	BIRTHPLACE	Ida.
OCCUPATION	Farmer.	OCCUPATION	Farmer.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1.00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J Coleman

Physician. (Physician or midwife)

Kuna, Ida.

Given names added from a supplemental report.

19

Registrar.

Address

Filed 12-30 1922 [signature] Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 4 1942

Amended Mar. 14, 1952

PLACE OF BIRTH

952-219-001-653

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. ____ St.

Hospital

Registration District No. 124 File No. 107193

Primary Registration District No. 2202 Registered No. 155

FULL NAME OF CHILD LOIS PEARL INSELMAN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	DEC. 19, 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wayne Inselman	FULL MAIDEN NAME	Marian Wells
RESIDENCE	Kuna, Idaho	RESIDENCE	Kuna, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 p. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

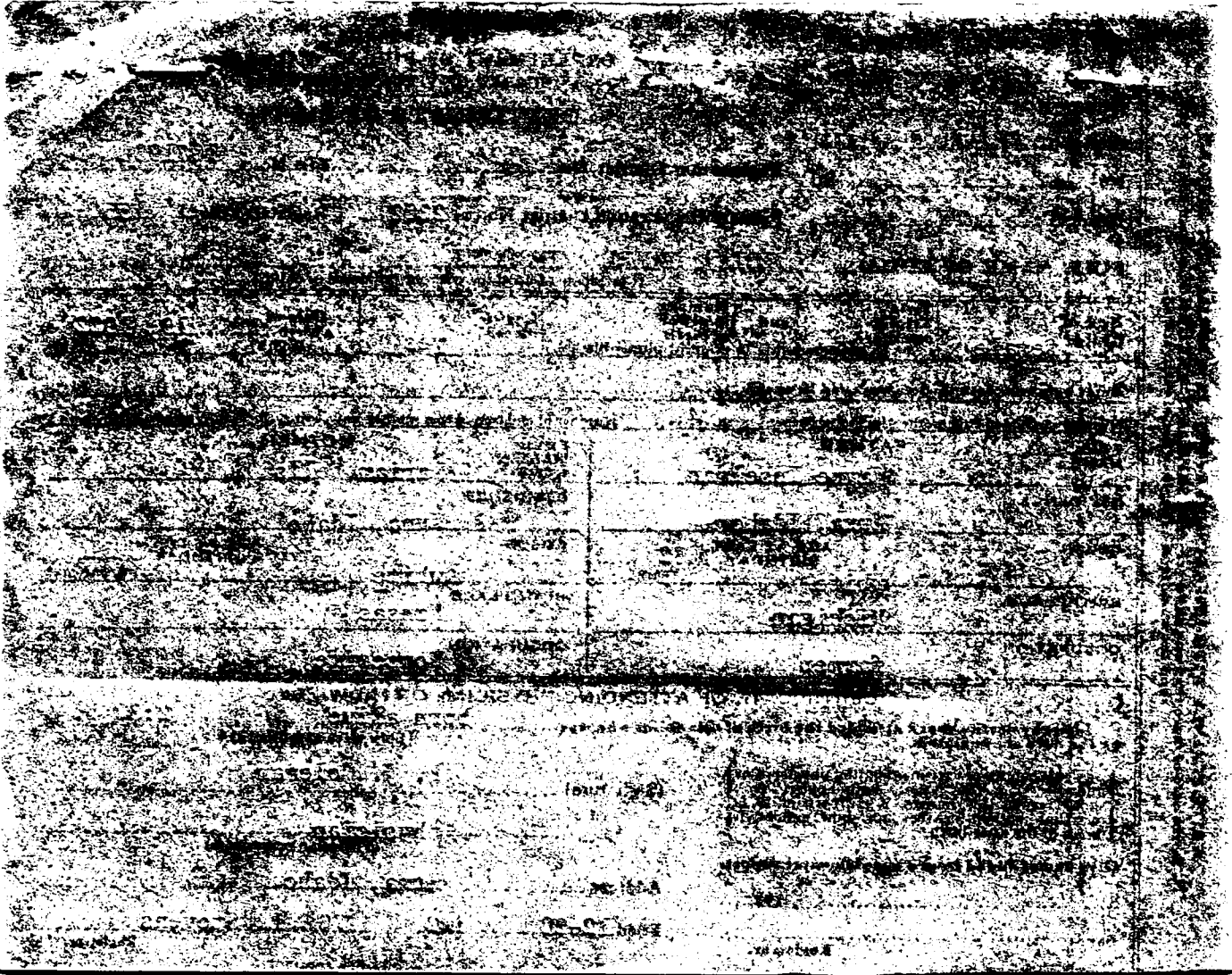
(Signature) F. J. Coleman

physician
(Physician or midwife)

Address Kuna, Idaho

Filed 12-30 1922 W. L. Stevens
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 107193
Date Filed 12/30/22

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Louis Pearl Inselman	Lois Pearl Inselman
Father's birthplace	Kansas	Michigan
Mother's Birthplace	Oklahoma	Kansas
Birth Date	Dec. 20, 1922	Dec. 19, 1922

Subscribed and sworn to before me this 14 day of March, 1922

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mrs Wayne Inselman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH - 51117

435-211-001-622

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 5 19.. BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107194

County of Ada.

City of

Registration District No. 124 File No. 4

No. St.

Primary Registration District No. 2202 Registered No. 156

Hospital

FULL NAME OF CHILD Lois Dean McNutt.

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 10- 11- 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	O.A. Mc Nutt.	FULL MAIDEN NAME	Cecile Mae Osborne.
RESIDENCE	Kuna Idaho.	RESIDENCE	Kuna Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Boise, Ida.	BIRTHPLACE	Ia.
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11.50PM. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J Coleman

Physician.
(Physician or midwife)

Given names added from a supplemental report.

Address Kuna, Ida.

19

Registrar.

Filed 12-30 1922 W. H. Stevens
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-111-002-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC W[illegible]
BUREAU OF VITAL STATIST[illegible]

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 107195

County of Adams

City of Bear

No. ..... St.

Registration District No. .....

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Boyd Albert Shelton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	Nov 11, 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Earl M. Shelton	FULL MAIDEN NAME	Jane Eliza Warner
RESIDENCE	Bear	RESIDENCE	Bear
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Oregon	BIRTHPLACE	E Bear Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

(Physician or midwife)

Address Council

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec 30 1922 W M Brown

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted] APR 29 1942

APR 29 1955

664-226-
PLACE O[redacted]
001-693

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 11 1923
BUREAU OF VITAL

CERTIFICATE OF BIRTH

107196

County of Adams
City of Council
No. ____ St.
Registration District No. 108
File No. ____
Hospital ____
Primary Registration District No. ____
Registered No. ____

FULL NAME OF CHILD Margaret Caroline Fouste
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	7-26-1921

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	William A. Fouste	FULL MAIDEN NAME	Crystal Wickland Fouste
RESIDENCE	Council, Idaho	RESIDENCE	Council, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Council, Idaho	BIRTHPLACE	Monroe, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ella M. Wickland M.D.
(Physician or midwife)
Address ____

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

Filed 12-30 1922 J. M. Graves
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 6 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849-105-602-959

PLACE OF BIRTH

RECEIVED

Form approved. 11-C—25m-1-1-18

107197

Registration District No...... File No.....

No. ..... St.

Primary Registration District No...... Registered No.....

Hospital .....

FULL NAME OF CHILD ... Lima Jane Hurd.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female	—	—	—	Yes	Aug.	5	1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Hurd.	FULL MAIDEN NAME	Clara Renaut.
RESIDENCE	New Meadows.	RESIDENCE	New Meadows.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Rogersville, Tennessee	BIRTHPLACE	Kansas.
OCCUPATION	Logger	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 2nd. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11.30 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Shumpler, M.D.

(Physician ~~or midwife~~)

Address New Meadows, Idaho.

Given names added from a supplemental report.

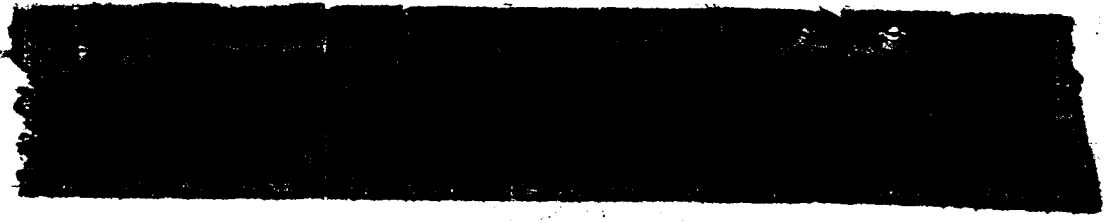
..... 19.....

..... Registrar

Filed Jan. 11 1923 W. W. Moon Registrar

S-Y CO. 24655

Weight 11 1/4 lbs.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDMENT AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Adams }

Certificate No. 107197
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Lorna Jane Hurd (Name on original certificate) who was born (Was born or died) on Aug 5, 1922 (Date of event)
in New Meadows (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by insurance policy (Bible record, insurance policy, etc.) prepared on September 10, 1936 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date of birth	June 5, 1922	Aug. 5, 1922

Subscribed and sworn to before me this 5th
day of November, 19 41
A. A. Carr
Notary Public, residing at Council, Idaho
My commission expires April 9, 1943.
[SEAL]

Signed Clara L. Hurd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
New Meadows Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on APR 28 1942 By
(Registrar's signature)

APR 28 1942

AUG 13 1958

695-103-002-643

Name added 2-18-87 lh

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 107198

Registered No. .....

FULL NAME OF CHILD Cecil Everette Fields
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	July 3 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	John W. Fields	FULL MAIDEN NAME	Mayble Fuller
RESIDENCE	Council	RESIDENCE	Council
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ore	BIRTHPLACE	So. Dak.
OCCUPATION	Mail Contractor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 6 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Brown

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address .....

Filed 12-30 1922 W. M. Brown
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-3-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JAN 13 1987
Bureau of Vital Statistics, Standards and Local Health Services

State of Nevada
County of Clark } ss.

Certificate No. 107198
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for unnamed male (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 3, 1922 (Date of Event) in Council, Adams Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	unnamed	~~Cecil Everett Fields~~ CECIL EVERETTE FIELDS

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
SHERYL ANN BEAN
My Appointment Expires Aug. 26, 1989

Subscribed and sworn to before me this 7th day of January, 1987.
Notary Public, Sheryl Ann Bean
Residing at 801 N Rancho Dr Las Vegas, Nv 89106
My commission expires August 26, 1989
(Seal)

Cecil Everette Fields
Signature of Applicant
X 107 Ortiz Ct Las Vegas, Nv 89110
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada
County of Clark } ss.

(Must be completed ___)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Seventh day of January, 1987.
Notary Public, Gail Long
Residing at 4560 E. Charleston Nv Nv 89104
My commission expires 12/20/89
(Seal)

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
GAIL LONG
My Appointment Expires Dec. 20, 1989

William L. Fields
Supporting Signature
4880 CIMARRON Rd.
Street Address, City, State
LAS VEGAS NEV. 89119

1cc pd

FEB 18 1987

U.S. Navy Leave Authorization dated Dec. 22, 1958 gives name as Cecil Everette Fields. Rate- CSC; Service #372 16 06
Viewed by V.S.

Marriage Certificate from State of Nevada, Co. of Clark #B 20116 gives name of groom as Cecil E. Fields married Josepha A. Feilds on Dec. 2, 1975 at Las Vegas, NV.
Viewed by V.S.

Western Union Mailgram from ARAMCO Services Co. in Houston, TX gives name as Cecil Everette Fields. Mailgram send Dec. 28, 1977 concerning employment with ARAMCO in Saudi Arabia.
Viewed by V.S.

149-202-002-281

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107199

County of Adams

City of Council

No. ..... St.

Registration District No. 1 ..... File No. .....

Hospital .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Stella Elizabeth Duree

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 2 1922

What bactericidal solution was used in eyes? Silver Nit.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	David Duree	FULL MAIDEN NAME	Ella Shaw
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Brown

(Physician or midwife)

Address Council

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 12-30 1922 W. M. Brown
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 16 1969
JUL 13 1970

DECEASED

492-220-002-993

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 11 1923

CERTIFICATE OF BIRTH

107200

County of Adams

City of Bear

No. ____ St.

Registration District No. ____ File No. ____

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD ____
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	Sept 20 1922

What bactericidal solution was used in eyes? Silver Nit

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	C. E. Dibelle	FULL MAIDEN NAME	Alberta Price
RESIDENCE	Bear	RESIDENCE	Bear
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	BIRTHPLACE	Ore
OCCUPATION	Farmer	OCCUPATION	Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, **at** ____ **M.** **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. W. Mason
(Physician or midwife)

Address Council

Filed 12-20 1922 W. N. W. Mason
Registrar.

Give names added from a supplemental report.

____, 19____

____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.